

The Story of a Refugee Doctor

MY HUMAN ZOO



WALTER JUELICH



Dr. Walter Juelich

My Human Zoo

The Story of a Refugee Doctor

BY WALTER JUELICH

DR. WALTER JUELICH fled from Hitler's Germany in 1939. In this book he tells of his early life abroad, of his difficulties with the English language as an immigrant, of the problems he faced in establishing a practice here, of the giant strides made in medicine during his lifetime, and of a vacation return to Europe and the scenes of his boyhood and student days in Heidelberg.

There are anecdotes—some moving, some informative, many humorous—of the experiences and patients of this warm-hearted immigrant doctor in the very heart of the largest, the busiest, the maddest city in the world — New York. And there are fascinating stories — human stories — about people with real-life problems, emotional, mental and organic. "Human Zoo" is the name affectionately bestowed by Dr. Juelich upon the ethnological and racial mixture of the different people who were his patients—literally people from all over the world.

In his enchanting personal chronicle, Dr. Juelich also writes about his "girth control" (weight-reducing) work, and about his special interest—the working of the endocrine glands, or the glands with internal secretion and their effect on body and mind.

He also outlines his theory that all our thinking and feeling are dependent on our hormones, especially the mix-

(continued on back flap)

(continued from front flap)

ture of male and female hormones that circulate in our bloodstream—a theory that he believes “may completely change the future treatment of different forms of psychoses and may lead to the changing of undesirable character traits or the building up of desirable ones, in normal men and women.”

My Human Zoo is the personal account of a dedicated practitioner, a man with humor as well as heart, and one whose love for his adopted land illumines every page.

About the Author

DR. WALTER JUELICH, born in 1895 in Duisburg-Ruhrort, Germany, served his native land during World War I, and in 1939 had his license to treat Aryan patients revoked by the Nazi government. After a short period in a concentration camp he went to Belgium and then to the United States. Naturalized in 1945, he now makes his home in Forest Hills, Queens, New York.

Educated at the universities of Heidelberg, Giessen and Hamburg, he published more than twenty scientific papers in German medical journals during the five years of his residency in a Hamburg University hospital.

EXPOSITION PRESS INC.
386 Park Avenue South
New York 16

MY HUMAN ZOO

THE STORY OF A REFUGEE DOCTOR

BY

Walter Juelich



EXPOSITION PRESS

NEW YORK

EXPOSITION PRESS INC., 386 Park Avenue So.,
New York 16, N. Y.

FIRST EDITION

© 1959 by Walter Juelich. *All rights reserved, including the right of reproduction in whole or in part in any form, except for brief quotations in critical essays and reviews.*
Manufactured in the United States of America.

In memory of my beloved wife, Martha, who saved my
life from man's murder by genocide, but whose life
I could not save from nature's merciless killer, cancer.

Preface

THIS BOOK IS WRITTEN in gratitude to the United States of America, the country which gave me a new lease on life after my fatherland had expelled me with many thousands of my Jewish brethren, who, like myself, were devoted citizens of their homeland. It is not fiction, it is all fact. The names of the persons whose stories I tell are fictitious, of course, and some of the occurrences related are disguised, as they might otherwise be easily recognized by the persons concerned. Even in disguise, they really occurred and are basically true.

This book has been written mostly from memory, with minimum help from historical, geographical and medical literature. There may be errors in time, location, and even in scientific fact; for these I ask the reader's indulgence.

The idea behind this book is not the thought of hate and revenge, but, on the contrary, the wish for understanding and forgiveness and a genuine hope of reconciliation. It is a book against discrimination and separation and for the unity and brotherhood of man.

W. J.

MY HUMAN ZOO

*Give me your tired, your poor,
Your huddled masses yearning to breathe free,
The wretched refuse of your teeming shore,
Send these, the homeless, tempest-tossed to me;
I lift my lamp beside the golden door.*

EMMA LAZARUS

I

THE FOURTH OF JULY is my own day of independence. That is the day my wife and I crossed the German border into Belgium, our first country of refuge. Nearly twenty years of "reputable medical practice," as my papers said, lay behind me; the last few years licensed only to treat the non-Aryan population of the city where I was born, and where my father and grandfather were born before me. And this privilege to practice at all, I enjoyed only because, during World War I, I had fought in the German army as *Frontkämpfer*, which means I was a soldier in actual battle at the front lines. This evidence of patriotism did not, however, prevent me from being jailed by the Gestapo at different times, because I was prominent in Jewish organizations, like the Congregation, the Lodge, the Veterans of World War I. It did not save me from the concentration camp. On the 10th of November 1938, the infamous *Kristallnacht*, I was arrested with the majority of the Jews in my hometown, thrown into jail and transported to Dachau.

It is not the purpose of this book to describe the horrors of the Nazi regime or the life in a concentration camp. These facts are known through numerous books published in recent years. Suffice it to state that I thank it only to the untiring and indefatigable efforts of a loving wife that I was released after a month of "protective custody." My wife succeeded with the help of relatives in America to get a "number" at the American consulate in Stuttgart, which meant that my family and I could emigrate into the United States after waiting our turn. But our turn would not come. I had to report to the Gestapo daily that I still made the German soil unclean with my presence. With all the air raid drills and other preparations going on everybody knew that war was in the air and the immigration permit might come too late for us. Finally we decided to leave for neighboring Belgium, where my wife had close relatives and where we had already sent our two sons some months before.

Now we were in Belgium, wandering Jews, as centuries ago our forefathers had been, the Ahasuerus staff in their hands. Our house in Germany was occupied by an Aryan physician. It was the most modern building in my hometown, built on the grounds where my wife's father and grandfather had built their homes. It was erected in 1930 in the belief that the rising Nazism could never become a threat to our security.

We were not penniless, but our bank accounts, stocks and other financial resources were confiscated by the Nazi government for "taxes payable for fleeing the country," as a levy on Jewish property for the shooting of a Nazi official abroad by a Jewish emigré, and for other "legally-imposed contributions."

We found shelter in the homes of our relatives, and existed on the proceeds of some real values, like expensive cameras, that we had managed to take across the border. It was a blessing that my wife, educated by her French governess, could speak French fluently. My speaking knowledge of French was nearly nil, despite the many years I had studied it in high school. I vividly remembered that my French teacher used to say: "You may write as many correct French compositions as you want, your pronunciation is so terrible that you will get a failing mark anyway."

Within a few days I had a job, without pay, as a physician with the Committee for Jewish Emigrés. I'll never forget the endless flow of human misery: old and young, from all walks of life, from all parts of Germany, Austria, Czechoslovakia; everyone different, all alike in their poverty, their desperation, and their one and only wish to settle down and to take roots somewhere, anywhere, in the world. I had only the most primitive tools for examination at my disposal, and practically no medicaments. But I know—remember tranquilizers were not yet discovered, and Miltown was only an unknown village in New Jersey—I never dispensed more bromides in all my professional life than in those few months of anxious waiting. Waiting, waiting, waiting! Every two weeks I travelled to the American consulate in Antwerp, hoping to get the visas for my family and myself to enter the United States. Always in

vain: My papers were not yet transferred from Stuttgart, was the answer.

Belgium, a small country with more population to the square mile than any other European country, was generous to the thousands and thousands of refugees. It did not give them a permit to stay, but it gave them a *feuille de route*, which is an order of expulsion, an order to leave the country in two weeks, three weeks, two months; but Belgium did not expel anybody. After expiration of the first *feuille de route*, it issued a new one. It was one of the few jokes told among the refugees: "Today I got my *feuille de route*, thanks to God. Now I can let my wife and children come here from Germany."

August dragged on, hot and sultry: Germany and Russia signed a nonaggression treaty, no visa. September: Poland was invaded, no visa. October, November: France and England prepared for fighting, no visa. And then a miracle—showing how human fate can literally hinge on one single letter. In my specific case it was the letter "J." The written capital German script J looks exactly like the script capital letter T in English. My immigration papers had been ready for many months, but nobody could trace them, they were filed under T. Now I had the visa for my family and me in my pocket. I had practically no money, but I did not take the train back from Antwerp to Brussels; I took a taxi. I rushed to the school for refugees, where my sons lived, and brought them candy for the first time in six months.

The *Pennland*, an old Dutch steamboat, was definitely better equipped to cross the Atlantic than her predecessor, the *Mayflower*. After all this is the twentieth century, believe it or not. For us, she was the most beautiful boat that ever sailed the seven seas. In deepest veneration, I lovingly rechristened her the "Cauliflower." It took her nearly as long to cross the channel from Antwerp to Dover, as to span the Atlantic from England to America. But that was not her fault. The waters in the channel were saturated with mines. She was a neutral boat, and had an illuminated sign to that effect covering her starboard and port sides. But what do mines know about neutral-

ity? The people aboard, the same people I have described before as miserable and desperate were one happy family, with only one thought on their minds: freedom.

I spent most of my time studying English; English spoken in daily life, and English for physicians. I had learned English in high school, but I never mastered the pronunciation, such as the "th," or the inflection of the sentences falling at the end. I don't know how often I said to my wife, "We can never emigrate. I shall never learn to speak another language but German." And now, there I was, the *Reader's Digest* my steady companion. I shall never forget the sentences in my English book for foreigners, written to express the necessities of daily living: "Hunting the tiger is a favorite sport of Englishmen in India." Or the subtle poetry in the following poem:

I eat my peas with honey
Though it annoys my wife,
It makes the peas taste funny
But it keeps them on my knife.

There was even an introduction to the basic knowledge of American history: "When Columbus landed in America, there came the Indians rushing to the shore and shouted, 'Hurray, we are discovered!'"

During the night many of us strolled on deck looking at the starlit sky and an especially bright planet looked to us like the star of Bethlehem guiding our boat through the calm sea toward our savior.

Finally, with the dawn of morning, the great moment arrived, the moment we had feverishly been looking forward to for twelve long days and nights at sea, maybe the greatest moment in our lives. There she loomed out of the mist of an early winter morning: The Statue of Liberty, holding her torch aloft in her outstretched arm, pointing toward the skies. All the passengers were on deck, all crowded on the portside of the boat pushing and pressing toward the railing. The boat nearly capsized from the combined weight of her human load all on one side. There were no cheers, no hurrahs, there was scarcely a word; there was the churchly silence of deep re-

ligious veneration. We stood, all victims of humiliation and persecution, shivering in the icy winter cold unable to utter a single word to give expression to our feelings. Many wiped their stealthy tears out of their eyes and some cried loud and unashamed. I stood close to a small, fat, round-faced man whom I knew as a former professional entertainer and comic. There he stood, like the rest of us, shivering and with tears in his eyes. Just to break the silence, to say something, I asked the silliest question possible: "Why are you crying?" and I got the answer I deserved: "I am just thinking of the unbearable hot and humid days in New York they wrote us about."

The *Pennland* landed. On the dock a shouting and waving crowd waited. On board everybody was looking for relatives or friends. Soon I recognized the familiar faces of my doctor friend and his wife who had left Germany three years earlier and were already "settled" in New York. They had to wait for a long time until we were allowed to go ashore after endless checking of passports, papers and custom inspections. I ran around in circles nervously, looking for my luggage, when I heard the first English words spoken in America: "Take it easy, buddy, take it easy." I believe there is no English sentence I heard more often during the next few days and weeks than this "take it easy." Second in frequency was: "How do you like America?"

II

ON OUR FIRST TAXI RIDE to the preliminary quarters reserved by our friends, we saw the famous skyline of New York and it failed to make the awe-inspiring impression it is supposed to evoke. We had seen it too often before in too many American moving pictures shown in Europe. But our comfortably-heated, well-furnished quarters with their extensive bathroom plumbing did make an impression after so many months of primitive accommodations.

It was two days before Christmas and bitter cold in the streets of snow-covered Manhattan. But first things had to be done first: We went to our immigration organization in downtown Manhattan and applied for our "first papers" to become American citizens as soon as possible. The next thing foremost in my mind was to learn English, to learn it quickly and well enough to pass the language examination required for foreign-born doctors who wanted to practice in this country. Wherever I could pick up some bits of English conversation, I listened. I looked into the window displays to learn the names of merchandise. The very first English word on a glass container in a window was: "Gefillte Fish."

I listened for hours to our radio, imported from Germany, which amazingly spoke fluent English immediately and without any accent. Most important, I went to the movies. Admission was a dime in a neighborhood theater and you could spend a whole afternoon there and listen to the pictures over and over again. I remember the very first picture we saw: *Good-bye Mr. Chips*. My wife and I were delighted that we understood practically every word. But the second feature was an American gangster film. My wife and I looked at each other in bewilderment. All our English knowledge was gone. We could not make out what they were talking about. King's English and American slang are two different languages, as so aptly sung by Professor Higgins nearly twenty years later in *My Fair Lady*.

In the meantime we had moved to the haven for German-Jewish immigrants, to the Fourth Reich, as Washington Heights was called at that time. The reason for our moving there was obvious. We had to be very thrifty. There was some money waiting for us at a bank when we arrived in the States. It was our own money, transferred to this country before the Nazis could confiscate it, and sent here by means which the Nazi regime certainly would not have recognized as legal. Our first obligation was to pay back the loan a Jewish organization had given us to pay for our voyage to this country. We also had to pay for shipping the two lift vans with our furniture which

were still in Amsterdam. What remained of our deposit could not last very long with only expenses and no income. So I don't have to give an explanation about why we moved to a small apartment, a fifth-floor walk-up. We were in good company. Practically half the apartment house was occupied by our *Landsmänner*, former businessmen, lawyers, bankers, now looking for a job, any job, however lowly it might be. Here is the place to sing a hymn dedicated to the refugee women, our mothers, wives and sisters, their fortitude and their sacrifices. Many of them supported the family by working as housekeepers and maids until their male partners could find a job. Former businessmen started as peddlers and brush salesmen, lawyers as elevator men and newspaper vendors, bankers as doormen and porters. Fortunately, food was cheap. A pound of my favorite soup meat cost only 15 cents in the food market and a small can of condensed milk which I liked with my coffee lasted for weeks and weeks; I called it my little cow.

I got a job as a nurse to a partly paralyzed restaurateur, a grouchy old man, full of resentment about life and society, and especially resentful that I was a German Jew. He had not forgotten that the reception German Jewry had given their eastern brethren coming over the border from Poland was not always too cordial, to say it somewhat euphemistically. That was at a time when Germany was the first country of refuge for the East European Jews fleeing anti-Semitic persecution. Now the shoe fitted on the other foot. The East had won American freedom before the West and we had to ask help from them. This East-West relationship deteriorated from day to day, and when it led to physical aggression by the Eastern part I had to say good-bye.

My next job was as an orderly with a Hebrew home for the old and disabled. I rationalized that I not only could earn some money, but also learn English as well. Both notions were a big joke. I did not make the wages a housemaid used to get and the weekly tips of a quarter which the patients or their relatives paid amounted to nearly as much as my regular salary. It was hard work attending to those old and handicapped patients,

many of them afflicted with Parkinson's disease, at that time still the incurable "shaking palsy." But at least I learned medicine from a more practical viewpoint than when I had studied it in medical school. It was medicine from the bottom up, one of my favorite puns.

The bigger joke was to learn English by talking to my patients. If I had stayed in this home any longer than I actually did I would have forgotten all my English and would have talked Yiddish fluently. I do not say that to discredit that language. Yiddish is a very useful language, especially if you intend to open a practice in New York City. It is an international language more or less understood by Jews all over the world, even though it is spoken differently in practically every country where Eastern Jews live. Medieval German brought by expelled German Jews to Poland came back centuries later changed very little with the Eastern Jews emigrating to other European countries and to America. In Germany it was spoken by our Eastern brethren mixed not only with Hebrew but with Polish as well; in Belgium and France, where I heard it spoken, it was intermingled with French, and now I heard it in this country for the first time. Here, of course, it was studded with English words and expressions. Where, for instance, the French, Eastern Jew would say: "*Mache den fenêtre zu*"; his American counterpart said: "*Mache zu den window*." It was not a pleasant language for German ears, but I could understand it, as all my patients understood my German answers. "After all," they said, "what is German? Just a little spoiled Yiddish."

Living in the Fourth Reich did not help me to learn English either. Most of my neighbors were refugees like myself, and in the streets you heard more German spoken than English. The subway station on 168 Street was christened after a well-known radio station, "The station which speaks your language." Of Washington Heights it was said that after the war it should be given back to America.

Not even shopping was of much help. Most shopkeepers and dealers spoke either an awful English, or more frequently,

Yiddish. One store had a sign in the window: "English spoken here." Entering a fish store I pointed to a fish, a pike, and asked the dealer for its name. "That's a *Hecht*" (German for pike). Even more amusing was an incident in a food market. The refugee customer pointed to some fowl he wanted to buy and the clerk asked, "This chicken?" "No," said the customer, who thought the clerk was asking the question in German, "I can carry it myself." I have to explain that the German word *schicken* means to send.

The nicest story told about English-German mixed-up words goes like this: A refugee had just opened a small retail store on upper Broadway when his first American customer entered and asked for a piece of cloth specifying a distinct color. It was rather dark in the store and the customer had trouble finding out whether the color of the merchandise offered to him was right. The eager refugee storekeeper wanted to be helpful and what he meant to say was: "Take the cloth outside the store and look at in bright daylight." But what he really said was: "Go to hell" (the German word *hell* means "light"). It was a riddle to him why his customer abruptly left without saying a word, and was never seen again.

It is self-evident that I had to take more English lessons if I wanted to take my language examination for foreigners. Every morning I went by subway to the YMHA, an hour-long trip to the east side of Manhattan, and in the evening I attended a neighborhood school with English classes for foreigners, both free of charge. The YMHA class consisted exclusively of middle-aged and older physicians and it was more pathetic than amusing to see how jaws grown in Germany were twisting to form English consonants and vowels. The "Y" was located near the "Third Reich" as we called this east side section of Manhattan inhabited practically only by our "aryan" *Landsmänner*. That the designation "Third Reich" was not without justification is shown by an incident which happened on an unusually hot day in March. Some of my friends and I went to a restaurant for a glass of cool German beer. Entering, we were saluted by an elevated arm and the

German Nazi salute: Heil Hitler! Needless to say that we left with our thirst unquenched.

The long subway ride to the Y had its advantages, too. We could read for study and information, free of charge, all the different New York newspapers which our native fellow riders left on their seats at every station. At Times Square we had to use the shuttle train to Grand Central Station. Commented a friend: "I don't know why they call it a 'shuttle' train it does not *schüttel* (shake) anymore than the others.

In April the long-hoped-for and equally feared day of decision arrived—the English examination for foreigners. The actual exam did not seem difficult to me. Foreign students usually know English grammar and spelling better than many native high school students, because they learn by reading, not by ear. So it seemed easy to me to correct ungrammatical sentences or to select the exact spelling of a word. Some anxious weeks passed. Then the document arrived by mail, one of the few official papers I have saved: "You passed your written examination in English for Foreigners with a mark sufficiently high so that you may be excused from trying the oral examination." This exemption from the oral exam was a real blessing; if it had been necessary for me to take this oral test, four months after my arrival in the States, I most certainly would have failed: I still spoke English with a heavy German accent.

One obstacle had been overcome, but a more difficult one lay before me: the Medical State Board Examination. Only a year earlier foreign-born doctors had their foreign licenses endorsed by the State of New York after the physician had passed his language examination. But with the constant influx of refugee physicians, native doctors feared a threat to their established practices by this growing competition. Most of the 48 states admitted to practice only those doctors who were citizens. The State of New York was one of the few exceptions. It was satisfied with first papers. But the State had to give in to the demands of the native doctors: State Board exams for foreign doctors, the same as those taken by American students after graduation from medical school.

At first glance this requirement seemed to be reasonable and justified. But with regard to the foreign-born doctors some essential aspects were overlooked. Most of these physicians were middle-aged or older men, who had been in active practice from ten to twenty years. They were excellent practitioners and frequently of high scientific standing. But despite their experience and all their knowledge they were not capable of expressing themselves on paper in understandable English. Or they were highly-trained specialists in their chosen field, and had all but forgotten their "basic training" in the other branches of medicine. Most important, all of them had medical school many, many years behind them. Ask any physician, foreign-born or native, if after ten or twenty years of practice he is still able to answer the scientific examination questions say, for instance, in anatomy, chemistry, or physiology? The answer is obvious.

I had no other choice than to go back to the school benches to recharge the battery of my theoretical medical knowledge. This "school" consisted of daily lessons with a medical coach and homework practically all day and part of the night. The coach lived more than thirty blocks uptown from my living quarters. To save a nickel (do you still remember, a subway trip used to cost only five cents?) I walked those blocks twice a day, rain or shine. I did not consider that the subway probably was cheaper than the soles of my shoes in the long run. (What a pun!)

Frequently we would walk in groups of two or three doctors, discussing medical problems and possible examination questions. Here it was that the joke concerning refugee doctors walking along Broadway was invented: A group was walking behind another man, a refugee, according to the European cut of his clothes. This man was walking with a peculiar limp. Soon a medical discussion about the diagnosis arose among the doctors.

Said one, "That obviously is sciatica."

"No," replied the other, "that is a congenital hipluxation."

Finally they could not curb their curiosity. They approached the limping man: "Pardon, sir," said one doctor,

"we are physicians and seeing you walk with that limp we could not agree about a diagnosis. My friend thinks it must be sciatica, but his diagnosis is certainly wrong."

"I am a doctor myself," replied the accosted man. "My original diagnosis was wrong too, I thought it was a flatus."

The coach trained a whole group of physicians simultaneously, ages 40 to 70. Often an old and weather-beaten doctor would wonder how medicine had deteriorated over the years. What other than deterioration could it be when a doctor in order to treat his patients properly had to know exactly how the pH of the blood changed with food intake or what happened to a specific benzol ring when you added an aldehyde group.

The homework was not done in solitary confinement; two, and often three or more doctors, met and discussed the subject at hand for hours and hours. We composed long poems in English or in our German mother tongue to remember by rhyme, and very seldom by reason, the unrelated facts and figures of bacteriology and blood chemistry. It was a miracle that with all those theoretical studies we did not forget how to diagnose and treat diseases.

Our heads became heavier and our hopes lighter. Two months had passed since the language examination. Now it was June in New York. "How do you like our weather?" asked a native New Yorker.

The immigrant answered, "I don't like the seasons here."

"Are you going to say you had no spring, summer, fall and winter in Europe?"

"We had," said the newcomer, "but not all in one day."

Judgment day, doomsday arrived, more feared than even the language exam. A giant hall in the City Center building filled with one-man desks, separated just enough so that you could not look at your neighbor's writing; numerous vertical and horizontal rows, looking like a giant honeycomb. Sprinkled among the young faces of the American students just fresh from medical school, were the sorrow-furrowed faces and gray heads of the immigrant physicians. The bell rings, the sealed

questions are distributed by numerous ushers in a matter of minutes. Five hours of writing, five brain-wrecking hours in the morning, five hours in the afternoon, four days in a row.

At the end of each session we had to sign a paper that we did not cheat, and that we had had no advance knowledge of the questions to be asked. I asked a doctor friend, "Did you sign that paper that you did not know the questions in advance?"

"Not only that," he said, "I even signed that I did not know the answers either."

Among the doctors there were heated discussions after the examination. How did *you* answer question number eight in physiology, or how did you diagnose that case of the paralyzed girl in internal medicine? Toughest for most of us was anatomy, mitigated by the concession that we had to answer only ten out of twelve questions. I teased a friendly lady doctor: "How did you manage the cross-section through the midshaft of the penis?"

"I kept my fingers off that subject," she answered.

The waiting period for the results was much longer than after the language examination, and the tension grew from month to month. I never had hung around the mailbox daily for such a long time, waiting for the mailman to arrive. Finally that day arrived. I had passed all my clinical subjects, but was a few points short of the required 75 per cent in anatomy and physiology. In anatomy I had failed because I missed one question entirely. I misunderstood the phraseology, clear and distinct to any American student, of a question asking for all the muscles which open the mouth in talking and eating. I gave instead a detailed description and a fine drawing of all the muscles which do just the opposite—close the mouth.

As my application for reconsideration was rejected I had to go through the ordeal in those two subjects again in January, this time successfully.

III

YOU MAY THINK that all my troubles were over by now. Here I am, an experienced physician, licensed to practice in the State of New York, I proudly said to myself. But practice where? One thing was sure: I had to emigrate again, emigrate from the Fourth Reich, the familiar surroundings of my neighbors who talked my mother tongue. There were far too many refugee doctors already attending to the medical needs of their *Landsmänner*. Even the rest of Manhattan was saturated with them. For a time I considered practicing in Harlem, the Negro section of New York, still imbued with the Nazi doctrine that Jews and Negroes are birds of one feather. The Council for Immigrant Physicians gave me the friendly advice to establish a practice in one of the many small communities in upstate New York.

Now there began for my wife and me an Odyssey leading through the counties of New York up to the capital, Albany, and farther. Wherever we looked we liked it very much. Those small towns and villages had great appeal for me. I nearly fell in love with Saratoga Springs. But, and now comes the inevitable but: None of these small communities needed a new doctor; there were either sufficient native physicians or a refugee doctor had settled there shortly before. There was another factor against opening a doctor's office in those small towns at this time. The war was raging in Europe; the German armies had overrun one country after another; Denmark and Norway, Holland, Belgium and France. The United States, of course, was not drawn into the war yet, but anti-German feeling was running high, especially in those small communities; and for the people living there I, with my heavy German accent, was either a German Jew or a Jewish German, both considered with equal distrust.

I had to give up the idea of settling in a small town as a matter of unreturned love. There is always a compromise, if

only you look for it. The big city was out, the small towns were out. But what about the growing suburbs surrounding New York City? That obviously was the solution. There was feverish building activity in many of these suburbs on the periphery of New York City. The apartment houses shot out of the ground like mushrooms. But where to find the right spot? We engaged the services of a renting agent who drove us through the different sections of New York's suburbs, street by street, block by block, house by house, looking where doctors had their shingles hanging out, and looking especially for apartment houses under construction. My wife took a liking to a beautiful section of private houses and mansions surrounded by flowering gardens, studded with blooming trees. There were not many doctors' signs to be seen. Here we will stay, my wife begged. There was the harsh answer of the agent, "You cannot settle here," without any explanation, and as fast as he could, he drove out of the settlement. Months later we learned the reason for his unexplained attitude: This was a "restricted area." We never before had heard that word "restricted" and it was quite a shock to us, refugees from anti-Semitism, that in a city where two million Jews lived, there were areas where Jewish people were undesirable, not even permitted.

We found another settlement, just under construction, not quite as beautiful as the one from which we were excluded, scarcely five minutes' driving distance away. There were no extensive parks and tree-studded avenues, but the apartment houses under construction were built around a large garden, with lawn, flower beds, and blooming trees. It had the big advantage of being located immediately on the main thoroughfare of the suburb, and the nearest subway station was on the same block.

This it was, our new abode, the place which should become our home, a permanent home we hoped, after two years of gipsy life. An American general practitioner is supposed to practice on the ground floor of a corner house, and there it was where we settled.

When we moved in, the carpenters were still busy covering

the floors with boards, and more than half of the over a hundred apartments of the new house were still unoccupied. It was a time, hard to believe today, when landlords had to look for tenants, and three months "concession," as the first rent-free period was called, was the rule. My office was a far cry from the tailor-made facilities I had had in my own house in Germany. There I had occupied the whole ground floor with several office rooms, cubicles for radiation treatments, two large waiting rooms and toilet facilities. Here I had to be satisfied with two small office rooms and a waiting room which doubled as our living room. But I could place most of the furniture and medical equipment which I had brought to this country.

Often native doctors resented the fact that foreign-born physicians opened their offices so "luxuriously" equipped, whereas the young native doctor starting his practice had to buy piece by piece on the installment plan. These critics forgot that this equipment was practically all we could "legally" (up to a certain time) export from Nazi Germany after we had accumulated it, sometimes in decades of established practices.

In my former doctor's house we had a maid, a cook, and a nurse. Here my wife had to be all three of them. That was the beginning. It was a very happy and hopeful beginning. From the very first day that my shingle hung outside patients came slowly, one by one, and far between: a tenant burned his face in the backfiring of an incinerator; the house painter had to have the wax flushed out of his ears; a boy was bitten by a harmless dog.

That I really was a "refugee doctor" dawned upon me when I was called by my former hometown patients who had emigrated, like myself, and were now strewn all over the city of New York. It came as no little surprise to me, also, that an increasing number of patients whom I had looked after as a committee physician in Brussels became my faithful "customers."

During office hours there seldom were patients in the waiting room, nevertheless the seats were nearly always taken:

insurance men, salesmen, detail men. But I should not mention that as a characteristic of a refugee doctor's office, that is the same at an office opening, native and foreign alike, and it had not been any different when I started practicing in the old country.

Gradually our apartment house filled up, mostly with people coming from other boroughs, who wanted to move to "a better neighborhood." Many of them became my patients eventually, first with minor ailments, for which they did not want to call their former doctors from a distant part of the city, and later they shifted to "the doctor in the house" for good. But the families in my house were not the backbone of my practice. That designation should be reserved for the refugees, not only refugees from my homeland, but refugees from all over Europe.

With the Nazi invasion of Luxembourg, Holland, Belgium and France only a few months after my exit from the continent, a broad stream of Jewish and political refugees from these countries poured into the United States, and as though drawn by a giant magnet, many of them moved into my neighborhood. They arrived, on the average, not as poor as their brethren who were born in Germany or Austria. Foresight of what might happen to them, after they had seen the fate of the German Jews, allowed them to transfer their fortunes, or at least part of their mobile goods, to this country in time.

And so it came to pass that soon my office became an international meeting place long before Franklin Delano Roosevelt conceived of the United Nations. I, who had been of the firm belief that I never would be able to talk in another language, had to communicate with people who spoke a Babylonian mixture of different languages.

I did not have much trouble in treating my Dutch neighbors. They had been my neighbors from the time I was born. From my hometown on the Rhine it was only a few miles to the Dutch border. Many excursions into the Netherlands during my younger years had brought me in contact with the Dutch people, and the Hollanders were frequent visitors to

my hometown, where they shopped and exchanged goods. As a young doctor, I regularly treated Dutch sailors and their families who passed our city on their boats and barges on their way up the Rhine. The way I communicated with my Dutch patients was the same as with those who spoke Yiddish: they related their medical complaints in their language which I understood very well and I answered them in German, which they had no trouble understanding.

It was different with my patients from Belgium and France. My school French and even my nearly six months' stay in Brussels were insufficient to understand and speak their language, but that problem found an easy solution: my wife, fluent in French, added to all her different duties another job: that of an interpreter.

The Dutch and Belgian Jews from Antwerp had brought to this country a brand new industry, which eventually took a firm foothold in America: the diamond industry. Not only the importers, dealers and appraisers, but the smaller people at the bottom of this industry as well: the grinders, cutters, and setters settled in this country. It did not take long before I was an expert in treating the occupational diseases of their handicraft.

I remember especially well a Dutch family with three lovely little daughters, who returned to their native Amsterdam after the end of the war. They had lived near the church of that section which I mentioned earlier as restricted. As with my first visit to them I expressed my amazement that they, with their Jewish name, had gotten an apartment in that neighborhood, they answered indignantly: "But we are gentile." As I could not attend to them as a gentile, the least I could do was to treat them and their sweet little daughters with gentility. One day I was called to their house because all the three children had developed a rash simultaneously. The diagnosis was easy: German measles. The smallest of the little girls, six-year-old Rita, cried heartrendingly, "I don't want the German measles, I want the Dutch measles."

In fairness to the laws of the State of New York against

discrimination, I have to mention at this point that over the years the "strict" syllable in this restricted area became more and more relaxed but, even to this day, there are very few Jewish people and certainly no Jewish refugees among the sizable number of patients from this neighborhood whose doctor I became in the last decade.

The last group which fled war-ridden Europe were the Swiss. Wedged between Nazi Germany, Nazi-occupied Austria and France, on its northern border, and Nazi-dominated, Fascist Italy on its southern exposure, Switzerland was the next likely country of German invasion, even if its fears were never realized. The Swiss Jews were forewarned for a comparatively long time about what might be in store for them. It may be wrong to use the designation refugee for them. Theirs was an orderly immigration into this country, even if they frequently came on visitors' visas only. Their fortunes were intact and they were the "best-to-do" people (even if there is no such word) who came under my care. Their apartments were frequently really lavishly decorated, and on the walls of their living rooms hung original masterpieces. There was no difficulty communicating with them; most Swiss are bilingual and many speak three or more languages fluently. I am sorry to say that I lost most of them as my patients when the war came to an end. With the danger of invasion over, many more of this group returned to their homeland than the refugees from any other country.

Conversation with my patients who spoke a foreign language was, as my foregoing narrative shows, not a real problem. But in the beginning of my practice in this country English sometimes was, at least English words and expressions which I could not find in any dictionary. When a husky fellow entered my office partly bent and walking with a limp, and asked to have his Charley horse treated, I could at least see what he was suffering from, without sending him to a veterinarian. But when a young mother accompanied by a little girl demanded "a booster shot for my little daughter" I was at a loss as to what to do. As the mother was unable to explain to

me what a booster contained I had to phone several other doctors until I found out that this was an additional diphtheria toxoid injection, required before the little girl could be admitted to school.

On the subject of diphtheria, I shall never forget my first and only case of diphtheria in this country. This also was a six-year-old girl to whom I was called late at night. Entering the bedroom I almost did not trust my eyes. There in bed lay a little girl, her face pale, her voice hoarse, her breathing difficult, and each respiration accompanied by that ominous sound of croup. I rushed her to the nearest hospital and a tracheotomy saved her life. I had not seen diphtheria for nearly fifteen years, as this dreadful disease was stamped out by prophylactic toxoid injections in Europe as well as in this country.

But in the early nineteen twenties, when I was a resident in a large Hamburg university hospital, diphtheria was still a prevalent disease. We always had several wards filled with diphtheric children, not so many with the more dangerous laryngeal and tracheal involvements, but the more common type where the membranes covered the tonsils and pharynx only. Sometimes diphtheria resembles a simple harmless follicular tonsillitis and I remember what my great teacher Reiche used to say: When you have seen ten cases of diphtheria you are doubtful whether you can ever diagnose it without laboratory confirmation; when you have seen a hundred you are sure you can do it; but when you have seen a thousand (and he had seen several thousand during the big epidemic in the nineties) you know you will never learn to diagnose it.

Connected with diphtheria is the first dollar I earned in my life. It was in 1923. The German inflation was at its zenith; to say prices were skyrocketing is an understatement. An egg that cost 2 billion marks today cost 3 billion tomorrow. I still have, in my stamp collection, a used German stamp with the face value of 50 billion marks. Each morning my wife, like the other doctors' wives, waited outside the hospital to get my daily pay check as quickly as possible to buy the necessities for

the day before prices went up again. This instability of the German economy was one of the reasons why a wave of emigration to other countries, preferably the United States, set in. The port of embarkation for these emigrants was Hamburg. One morning a harassed father, coming from Bavaria and ready for his voyage to the States, had to rush his baby boy to our hospital: laryngeal diphtheria; croup. The tracheotomy I performed was a success; it delayed the family's departure for America for two weeks, but they could leave with a healthy baby. The parents did not know how to express their gratitude. They had not much money; the billions of German marks had bought them only a few dollars. They gave me as a gift one single dollar—I was not entitled to a fee. If you think that was a tip, you are badly mistaken—it bought our subsistence for at least a week.

Another first for me in this country was a patient with typhoid fever, and like the diphtheria case it was not only my first, it remained my only one, too. A refugee girl, working in an unsanitary downtown factory, came down with the typical symptoms of typhoid. I relate this story here with regard to the attitude of the Department of Health. They did not accept my mandatory report before the laboratory examination confirmed it days later, because they could not believe that a greenhorn, a doctor just settled in this country, was able to recognize a case of typhoid outside an epidemic. What they did not know was that I had been in charge of a hospital station for epidemic and infectious diseases for two years and that I had seen more typhoid than the combined Board of Health in their lifetime, not to talk about the fact that I had had typhoid myself as a young *Feldunterarzt* (pregraduate physician) in the German army during World War I.

In the meantime what was to develop into World War II dragged on. New refugees from other countries came to our neighborhood. This time they were mostly "northern" Jews from Denmark, Norway and Sweden, even though Sweden, like Switzerland, was not invaded. I purposely use the word northern. When you looked at those tall, blond and blue-eyed

Jews you saw with one glance what nonsense it is to speak of a "Jewish race." These Jews were in their physical appearance as different from their small "slavic" brethren with their protruding cheek bones as an anthropologic type as a Swede is different from a Russian. I, as a refugee doctor, came in contact with Jews from practically all parts of the world. And I found them not only in their physical properties, but also in their mental, spiritual, and ethical makeup as different from each other as the different peoples among whom they had grown up. Most striking in this respect is the fact that the children of the small, frail, five-foot Russian immigrants grow up to be tall and robust Americans on the fertile soil of this country. There just does not exist such an animal as a racial Jew. The new state of Israel may be inhabited primarily by Jews, but these Jews comprise the most different groups of people comparable only to the American melting pot with its heterogeneous population.

The emigration of the Danish Jews is a story in itself. The Jews of Denmark, Norway and Sweden had been fully assimilated in the country where they and their forefathers were born and had lived all their lives. They were an integral part of the population and were so considered by their Christian neighbors.

When King Christian X "allowed" the Nazis to invade Denmark he insisted that no harm must be done to the Jewish citizens of Denmark. For the first few years the Nazis obliged. But with the war dragging on they broke this promise as they had broken all others before.

When rumor spread that the date was set for the arrest and deportation of all Danish Jews a Christian underground organization went into action. Under the guidance of a heroic man, a school teacher with the name of Aage Bertelsen, they hid as many Jewish families as possible in their homes and the houses of their cooperative friends and neighbors. From there they smuggled the Jewish people in small groups, and for many weeks, to neutral Sweden which received them with her doors wide open. It was no easy clandestine task. It had to be

done under the watchful eyes of the occupation troops. And the fishing boats which carried the refugee load had to cross the Nazi-controlled Kattegat.

When the Nazis raided the Jewish homes on Rosh Hashona, the Jewish New Year, they found only a handful of Jews. Seven thousand Jews had reached Sweden safely, and only a few hundreds fell into the hands of the Nazis.

Immediately after the end of the war in Europe, the Danish Jews who had not emigrated from Sweden to other parts of the world, were brought back to their homeland, not only on their own volition, but also by the explicit wish of the Danish people. The government paid the expenses. The Jewish people found their homes intact and well taken care of by their Christian neighbors. Aage Bertelsen will be remembered forever by the Jewish people, not only in Denmark but all over the world.

I V

AFTER THIS EXCURSION into recent Jewish history which I thought should be included in a refugee doctor's book, I nearly lost my way in the course of current events. These events were probably the most decisive, not only in my life but in the lives of everyone in America, native or refugee alike. Pearl Harbor "the day of infamy" struck like lightning. This is not a chronicle of the war, but I want to report how these crucial events affected my family and professional life. My first thought, of course, was to offer my services to my adopted country which had not yet adopted me. To summarize in one sentence a long exchange of letters with the War Department: My offer was gratefully declined, as I was nearly fifty years old, and was not an American citizen, yet.

As I have mentioned before, I have two sons. At that time the older one was a pre-medical student in college and the

younger one was still in junior high school. What I was not allowed to do my son could do: serve his new country as a soldier. He may write his own story from basic training to the invasion of Okinawa. May it suffice here to say that we at home listened to the radio every hour of the day. From the invasion of the Philippines, in which we knew our son was a participant, to the surrender of Japan our anxiety and worries did not subside. Historic justice was done. The country I had fought for when I was as old as my son was then, had shown its gratitude by expelling my family and me; the country I had fought against proved its magnanimity by giving me and my family shelter, food, and a new lease on life; my son had paid back the debt his father owed.

There was one thing I could do to help the war effort. I could relieve a doctor whose services this country accepted. He was a refugee doctor like myself, but many years my junior. I looked after his patients during the war years to the best of my ability and I hope he found his practice intact when he came back from the war.

In my human zoo, as I called the ethnological and racial mixture of the different peoples who were my patients, there were literally people from all over the world. I am not talking about the Jews, the Irish, the Italians, and not even the Negroes who are endemic in New York City, but about the most different people who were thrown to the shores of this country by the most different and unconnected events. There were Turks and Armenians, Greeks and Spaniards, Russians and Finns, to mention only a few. In the next house there lived, door to door, a Japanese and a Chinese family. I have not the least idea what brought either to this country. Both families were my faithful patients. The Japanese were an elderly couple. They must have lived in America for many years, because their daughter was a high-school teacher. They never told me about their past. The Chinese were young newlyweds. He was a highly educated engineer and had gotten his early professional education in Germany. As he spoke German fluently, he preferred to speak German with me, and I believe his German with a Chinese accent sounded even

funnier than my German accent in English. It is appropriate to mention that my accent was never a handicap in developing my rapidly growing practice, as everybody, or at least nearly everybody in my neighborhood spoke with an accent, even if there were a dozen different accents. To come back to my Japanese and Chinese neighbors: There had been war between Japan and China for over ten years before this current war started. The two "enemy families" had always been on good terms. But from the moment America entered the war, the situation changed abruptly: the Far-Eastern war between the families was on, too. No greetings were exchanged between the next-door neighbors any more, none of the daily amenities were observed. How long this state of war between the two families lasted and whether it would have ended with the surrender of Japan I cannot tell, as the Chinese couple moved out and was not seen again.

Diseases and illnesses are neither characteristic of, nor limited to, one population group. But there are certain conditions you find more frequently in one group than in another. One of them seems to be the frequent occurrence of diabetes among Jews. This fact is undeniable, but despite that, I am convinced that diabetes is not a racially caused condition. Even if statistics "prove" that diabetes is a "Jewish" disease you have to study those statistics with a certain reserve. They are mostly obtained from doctors in spas and sanatoriums. Diabetes is a disease of the well-to-do and the well fed. But whereas usually only the rich frequent those places, you always meet a great many poor Jews for whom health is their most valued property. As far as statistics are concerned: when a Gentile suffers an unquenchable thirst he goes to the nearest bar and drinks to his heart's content, but when a Jew becomes thirsty he rushes to the doctor's and has his urine tested for sugar. We got classical evidence that diabetes is not a Jewish disease, but a disease of all well-to-do, during World War I, the time of chronic malnutrition for everybody in Europe. During this war time, diabetes diminished nearly to the point of disappearance among all population groups, Jews and Gentiles alike.

That, of course, was before the time insulin was discovered.

I think at this point I should say a few words about this great discovery of Banting and Best. In my early hospital years, we had a special ward reserved for diabetic patients. You could smell the sweet fragrance of mellow fruit caused by diabetic acetone even in the corridor before you opened the doors of the ward. The patients lay in their beds as though in a fruit market, the comatose separated from the controlled diabetics. The residents and internes, in constant attendance, tried to save the lives of the comatose with large alkali infusions, most of the time in vain. Vividly in my memory there is the day when the first batch of insulin arrived from Canada. A new diabetic era had begun. There is no need to elaborate about what everybody knows now. Nowadays there is even further progress. I am happy to have lived long enough to have seen the day when insulin injections could be replaced by oral medication in a great many patients. I feel a certain satisfaction that the discovery that some sulfa derivatives have insulin-like properties was first made in the same clinic where I gave my first insulin shots.

In the same way that diabetes is considered a Jewish disease, obesity is a condition peculiar to Italians, as you find it more frequently in Italians or in people of Italian descent than in any other population group. It is not an inherited condition, but completely dependent on their mode of living with plenty of rest and plenty of food. Whoever had a chance to dine in an Italian restaurant with its delicious high caloric food, is not surprised to see so many round and well-upholstered Italian women. The many Italian overweight girls who lived in my neighborhood started my best and-most lucrative "business": reducing, or girth control, as I called it. Over the years I got quite a reputation for being a successful "reducing doctor." I considered it a real triumph when the manager of a well-known slenderizing institution, not to be fired from her job, appeared in my office for reducing purposes.

But my most brilliant feat was done on a splendid specimen of Italian glamor girl who weighed ten pounds more than my office scale with a 250 pounds limit registered. It took us

nearly a year but we got her weight down to a mere feather-weight of 140 pounds. Now a new problem had arisen. Most of the fat was gone, but abdominal skin and the skin on her upper arms and thighs hung down in several large skinfolds like aprons covering each other. My patient wanted to be a real glamor girl and she demanded that I have her surplus skin surgically removed and the remainder tailormade to her body frame. It took me quite a time to persuade my surgeon friend, whom I assisted in all operations done on my patients, to perform these operations not described in any surgical textbook. We removed in big oval shaped cuts large areas of abdominal, arm and thigh skin and pounds of still-present subcutaneous fat. As the patient had demanded that her navel had to remain in the middle of her anatomy we had quite a problem to transplant this ornamental belly button to the place where it belonged. Since that time I have never urged a patient to lose weight so radically.

After these stories about New York's two most prevalent population groups it is only fair to tell one about the third, too: the Irish. I am sorry that you might not consider it as belonging in the field of medicine proper. And "proper" is the right word here. In the old country I had my practice limited to internal medicine mostly. But in this country, *nolens volens*, I had become a jack-of-all-trades, and one of those trades was gynecology. My good-looking patient was a young lady with the distinct German name of Gertrude Schulz. I do not have to mention that this was not her real name, but I do have to mention that it was St. Patrick's day. Mrs. Schulz was under my care for the treatment of a very nasty and bothering trichomoniasis. She went, as usual, to the adjoining room, to the examination table constructed for that purpose, and took off her underthings. As I entered the room I must have looked a little startled as I glanced at her bright green panties conspicuously displayed on the chair. Her prompt explanation followed: "*Somebody* has to know I am Irish-born."

Being on the subject of the formerly unmentionables, I would like to mention that in contrast to the European female,

many American women do not wear them. Sometimes if they did wear them, they had put them on only for the benefit of the doctor and promptly forgot to replace them after the examination. I do not know how often we had to save those dainties discreetly placed in a paperbag to be picked up at her next appointment. During my European office hours I was very frequently annoyed by the endless time it took my female patients to take off their manifold underthings and the even longer time it took them to dress again. It is possible that this change for the better is not caused by a basic difference in European and American female dressing habits, but that the lapse of time has brought it on and that nowadays European women, like their American sisters, wear nothing that might be in the way of love.

Still in the gynecological department a sweet little lady comes to my mind. Mrs. McCollum, well progressed in her menopausal years, had a very annoying outbreak of boils and small abscesses in her perineal region, not sparing her tender outer female organs. In many weeks of treatment with antibiotics, incisions and drainages, everything cleared up eventually. As she came for her last treatment I commended: "Congratulations, Mrs. McCollum, for all practical purposes you are cured now." I was startled by her immediate reply: "Dear doctor, there are no practical purposes any more."

Writing about this sweet old lady reminds me of a husky and robust fellow who had furuncular trouble in the same region of his male anatomy. In this case the problem was how to bandage his pustular eruptions. He found the solution himself. As my dressing with adhesive tape had irritated his skin, he had ripped it off and presented himself adorned with a sanitary napkin attached to his wife's belt around his waistline. When the furunculosis spread to his breast we had no difficulty in thinking of an appropriate dressing. His wife's bra was a little tight but could be easily widened. If by some queer coincidence the police had discovered his underwear he probably would have been arrested as a transvestist.

Time marches on. The turning point of the European war

had come. In the East, in February 1943, the Germans were decisively beaten at Stalingrad and forced to retreat. In the West, June 6, 1944, D-Day Allied forces landed in France; Paris was liberated; Brussels freed; American troops entered Germany. In 1945, the end of the war in Europe was in sight.

My practice stood on firm feet at that time, and again I was a student. During the free minutes left after office hours, home calls and hospital visits, I studied American history. I was eagerly looking forward to the great day when I was to become an American citizen. March arrived. Five years and three months after I had set foot on the soil of this great country I stood before the judge to be sworn in. I had my head stuffed with dates and figures of past American history and of the Constitution as well. I certainly did not know nearly as much as those refugee contestants you marvelled at ten years later on the \$64,000 Question," but I was a little embarrassed at how little the judge assumed I had learned. I distinctly remember to this day the three questions I had to answer: How many colonies joined to form the United States? What is the name of the last previous president? What is the name of our Chief Justice? There I stood among a crowd of fellow immigrants, young and old, Christian and Jewish, coming from the four corners of the earth. We were facing the star spangled banner, one of the proudest moments in my life: "I pledge allegiance to the flag of the United States of America and to the Republic for which it stands, one Nation, indivisible, with liberty and justice for all."

My medical license which originally was limited to a period of ten years got an overprint: "Evidence of citizenship having been furnished, this license becomes permanent."

V

ONLY A MONTH after one of the happiest days of my life there came one of the saddest: April 12, 1945. I would remember this date for the rest of my life even if it had not coincided with my wife's birthday; it was Franklin Delano Roosevelt's last day. I will not enter into a discussion concerning this great American president. For me he is neither the savior who got the American people out of the deepest depression, as his friends claim, nor the shortsighted culprit who is to be blamed for the origin of the cold war with Russia, as his enemies say. For me he is the great humanitarian who by his warm-hearted and generous immigration policy saved not only me and my family but many thousands of refugees like myself. He is for me the man who saved the life not only of my son, but that of thousands of soldiers by accepting the advice of the greatest of all German-Jewish refugees: Albert Einstein. If Roosevelt had not gambled—and it was a gamble to risk billions of dollars to build an atomic bomb with nothing but the trust in a scientist who thought it theoretically possible—there would not have been a Hiroshima and a Nagasaki. Not that I have no sympathies for the Japanese people, but in a choice between the lives of thousands of Americans and the lives of people who started the murderous war, the decision is obvious. Roosevelt's portrait has a place of honor in my living room; it is a reproduction from the unfinished picture painted by Elizabeth Shoumantoff at the time of his death. It shall keep its honored place as long as I have a roof over my head.

On May 7, 1945, the thousand-year Reich, 988 years short of its aim, had come to its abortive end. On September 2, the Japanese signed their surrender terms aboard the battleship *Missouri*. World War II was over! In the meantime the United Nations, Franklin Roosevelt's brainchild, was born; its birth certificate signed at San Francisco on June 26, 1945.

My own United Nations, my patients from all over the

world, got an increment. It took only a few months until the new immigration wave started. With affidavits supplied by their American relatives and friends there arrived, in a slow but steady stream, the undernourished and scared Jews and half-Jews who had lived "underground" during the war. They came from Berlin, Paris, Brussels, Amsterdam, the big European cities where hiding was not easy but less difficult than in smaller towns. They had been luckier than the family of Anne Frank, whose diary has now become a classic in every library of the world. It took longer for many of those displaced persons, at that time packed in overcrowded European camps, to find an American sponsor to allow them to come to this country. Not all of them were Jews; they were Poles, Czechs, Lithuanians and other former inhabitants of those small border countries now occupied by the Russians. Among them were the survivors of the Nazi concentration camps, people who had seen the horrors of Auschwitz and Bergen-Belsen. Hate against their tormentors flared up in my heart when I saw the long blue numbers indelibly tattooed on their wrists. The thought flashed through my mind: branded like cattle on a ranch.

At no time was I more conscious of being a refugee doctor than when these poor people came to my office with their real and much oftener imaginary ailments. Here I got a first hand object lesson about why "nervous" disorders seem to be so much more prevalent among Jews than in other population groups. When these patients came with their long lists, where they had written down their many symptoms, for which no organic cause could be found, I was reminded of the helpless poor old Jew, whom Charcot described in his lectures about "Neurosis": Coming from his native Poland he spent his last zloty to see the most famous doctors in Vienna and Berlin, until he came to the great Charcot in Paris to consult him about an ailment which existed only in his imagination.

Now it became clear to me why there are so many neurotics and psychotics among Jews. What this people went through during their two-thousand-year old history, every generation anew, must have had a lasting effect on the development of

their psyche. And what my patients had endured in those Nazi concentration camps is sufficient to make a neurotic out of the strongest personality.

Unfortunately, even today medicine has very little to offer to help those poor people who suffer more from their non-existing ailments than most organically sick have to endure. Our modern tranquilizers and energizers just do not work, and only very few of my patients could afford a psychiatrist with expensive treatments usually lasting for years, and no results guaranteed. Nobody should be surprised that there are so many Jews among the patients in our overcrowded psychiatric clinics and sanatoriums. The cause of their psychoses is identical with the origin of their frequent neurotic and hysterical behavior; it is inherited with their genes from centuries of humiliation and persecution.

Medicine had made tremendous strides in most fields since I was a medical student in Heidelberg. Progress in these past forty years was greater than all the combined accomplishments during the more than two thousand years of recorded medical history. During this time medicine underwent a complete metamorphosis. It was transformed from an art into a science, the caterpillar became a butterfly. Some doctors were so stuffed with science in medical school that they never learned the art of healing, not taught in any college or university.

I am happy to have lived through this transformation and to have seen all these new discoveries originate and to be able to use them for the benefit of my patients. During the nearly six years I worked as a young doctor in the then most modern Hamburg University clinic, part of my time was devoted to research. But when I look through the many scientific papers I have published in medical journals, I have to concede that I have not a single discovery to my credit which might be considered a milestone in medical progress.

To write the medical history of the last forty years would fill several heavy volumes. Some highlights illuminating the way I was walking as a medical practitioner follow. In 1925, I had published a highly scientific paper on the probable origin

of pernicious anemia. My research, done with the help of a specially constructed stomach and duodenal tube, comprised about twenty patients, most of them in their middle ages. In all of them, I found *coli bacilli* in their stomachs and upper parts of the duodenum. Normally, these organs are not invaded by these germs which belong in our colon only. I thought that there might be some connection with their presence in the upper digestive tract and pernicious anemia, but no proof could be found. None of the above twenty patients survived longer than three years. We had nothing to save their lives; not even repeated blood transfusions were of any value.

Talking about blood transfusions, they were a problem all by themselves. We did not have blood banks which supplied ready-made bottles properly labelled as to blood type and Rh factor. Before Landsteiner's discovery, in 1928, we did not even know that different blood types were in existence, not to mention the Rh factor. Our transfusions were done in the operating room where patient and donor were placed side by side, arm to arm, so that the donor's blood could be transferred with a specially constructed pump into the patient's circulation. It was a transfusion done by trial and error as we knew nothing about typing and cross-matching. We had to judge by the patient's reactions whether the donor's blood was compatible or not.

All that changed dramatically when news came from America that Drs. Minot and Murphy had cured pernicious anemia with beef liver. At first we fed our patients raw ground liver, mixed with onions for palatability. It was an awful meal, but it saved their lives. Everybody knows that nowadays we inject crude or refined liver instead or, even more effective, Vitamin B₁₂, the active factor contained in liver. Pernicious anemia has become a misnomer, it is not pernicious anymore. I have under my care old patients who have had pernicious anemia for twenty years and even longer.

Vitamin B₁₂ was by no means the only vitamin which had performed miracles during my time. Many of the vitamins discovered at an earlier date made obscure diseases, for which

no cure had been known, curable. What are vitamins? They are not what their name implies. They are certainly necessary to vita (= life), but they have nothing to do with the carbon compound amine. The name vitamin was given them by Casimir Funk, at that time an absolutely unknown Polish biochemist. He could not have had the slightest cognizance that the baby he had named would conquer the world. He had thought that the unknown factor which obviously was hidden in fresh fruit and vegetables, in rice, in milk and other uncooked and unadulterated foods must be something like protein, fat and carbohydrate necessary for the preservation of life.

Long before the vitamins were isolated and synthesized, it was known that certain diseases were caused by faulty nourishment. Swedish military doctors successfully treated scurvy during King Karl's Ukrainian campaign in the early eighteenth century with infusions of pine needles. British navy doctors prevented routinely the same disease on their ships with lemon and orange juice a century later. Of course they did not know what preventive agent was in citrus fruit; the discovery of Vitamin C by the Hungarian Szent-Györgyi, in 1932, was still far away.

The Dutch Dr. Eijkman found that you could cure beriberi with unpolished rice. He believed that beriberi was caused by a poison inside the rice which was inactivated by an antidote inside the hull. He did not suspect that it was a vitamin, namely Vitamin B₁ in the hull which prevented beriberi. In a similar way it was known that there was a connection between the consumption of corn and pellagra. Doctors believed there was something in corn which caused the disease, and not that there was something missing, namely the B Vitamin, Niacin.

When I was a young hospital doctor, our pediatric ward was usually crowded with infants and babies suffering from "English disease" as it was called in Germany, and which is known—or shall I rather say unknown—in this country as rickets. There they lay in their cribs, irritable, fretful, and without sleep. They could not sit, crawl, or walk. They looked

fat, flabby, and anemic; their heads were square; their chests deformed, with the typical rib cartilage swelling known as "rachitic rosary." The lower ends of their forearms and leg bones were enlarged and thickened. The tendency of their limbs to bend would lead to knock-knees or bowlegs.

We treated those poor creatures in the same empiric way with cod liver oil and later with ultraviolet radiations, as English navy doctors had treated their scurvy patients with lemon juice. We had no inkling that it was a vitamin, Vitamin D, abundant in cod liver oil which cured rickets. We did not know yet that sunshine and ultraviolet radiation transformed ergosterol in our skin into Vitamin D.

Nowadays we see almost no rickets, no scurvy, no beriberi or pellagra. A flourishing pharmaceutical industry produces vitamins by the tons and under so many brand names that not even the best trained mnemonician could remember them all. Doctors scarcely see a vitamin deficiency disease any more, but signs of damage done by an overdose of vitamins are not so rare. An overdose of Vitamin D may cause impairment of renal function by calcification inside the kidney; an overdose of Vitamin A may cause dry and rough skin, disappearance of the eyebrows, hemorrhages and bone decalcification. People buy vitamins over the counter, take them without medical advice for any and all ailments from tiredness and weakness of the memory to impotence and sterility.

I had a young and healthy woman under my care. She had been married for three years and had taken Vitamin E, the "fertility vitamin," daily for the last year, unfortunately without success. She had taken it on the recommendation of a friend who had become pregnant after using it for four weeks. Now she had decided it might be advisable to consult a doctor about her problem. I did not find a thing wrong with her reproductive organs. But the examination of her husband's sperm showed no live cells. He had suffered from bilateral orchitis as a complication of mumps when he was a young boy. To make her marriage fecund I could suggest only artificial insemination.

During my younger years as a physician in the old country we used to send young infertile wives to certain spas which had a reputation for curing infertility. More often these young aspiring mothers found this solution themselves. The success of these health resorts was less dependant on their curative waters than on the cooperation of their waiters and bellboys.

This kind of spa was unknown to me in this country, and besides I did not want to come under suspicion of making immoral suggestions. The only advice that remained was artificial insemination, condemned as adultery by church and synagogue. This simple procedure proved quite successful in selected cases. I never used this method without the written consent of the husband and prospective father. Nearly always, the couple had a specified donor in mind. I had to make sure that he was young, healthy and intelligent; he should be a professional man of the same religion and, if possible, resemble the husband. With the exception of the last demand I had some donors available, one was one of my sons. He, of course, will never know the identity of his children and their legal parents will never learn his identity, although I do know my illegal grandchildren as well as my legal ones and I am equally proud of all of them.

VI

IT WOULD BE IMPOSSIBLE even to enumerate all the discoveries and achievements in medicine that I lived to see during my forty years as a physician, but I cannot continue without having touched upon the incredible progress in therapy for infectious diseases during that time, be it those acute fatal diseases like pneumonia or those slow chronic killers like tuberculosis. During my hospital years, we could do nothing of any value but hope that the patient's nature was strong enough to overcome the disease. We knew most of the bacteria causing these diseases; they had been discovered in a medical

period preceding my student years. We knew them, but we could not fight them, they were mightier than we were. In pneumonia there was at least hope that the patient's heart was strong enough to withstand the murderous onslaught and that a "crisis" would set in, in time. It was a survival of the strongest. In many other infections there was no hope whatsoever. We saw children die of meningitis and could do nothing to prevent death; we saw young mothers perish of puerperal sepsis and stood by helplessly.

The first decisive change came with the discovery of the sulfa drugs by Gerhard Domagk, in 1932. It was the first break-through in chemotherapy since Paul Ehrlich shot his "magic Salvarsan bullets" into syphilitic patients. Penicillin, discovered by Alexander Fleming years before it came into general use, became available only during the war. Then there followed the flood of all the other antibiotics, beginning with Streptomycin to all those 'mycins' with so many names that no doctor can remember them. One well-known pharmaceutical manufacturer apparently just did not care what his latest antibiotic was called; after all the strepto- aureo- achro- terra- and other mycins, he called his newest product simply "Sumycin" (pronounced some mycin). Now even the most serious of infectious diseases can be cured.

Of all the miracles these wonder drugs performed, one is so prominent in my memory that I would like to give it a place here. It is the miraculous recovery of a young man, a German-Jewish refugee like myself, who came under my care with a perforated appendix. No miracle could have saved his life had it happened ten years earlier. His case is described in detail and in medical terms in a medical journal by the surgeon whom I assisted with the operation, or rather the many operations which this patient had to undergo subsequently. After the first operation he developed not only the expected peritonitis but all the complications known to medical science and described in medical textbooks. Numerous abscesses formed in practically every part of his abdominal cavity, the greatest number and the most serious ones in his liver. For

nearly three weeks he had daily chills and temperatures ranging from below 95 degrees Fahrenheit to over 107, 12 degrees difference in a few hours, an infallible indication that he was suffering from an "always fatal" septicemia. We treated him not only with all the known sulfa drugs, but with penicillin and all the mycins discovered at that time. It was a daily, an hourly, fight for his life, a fight against impossible odds, but a fight which ended in victory eventually. It took many, many anxious months with the patient's life in balance every minute, but he survived. Today he is the father of two lovely children and the only traces remaining of his heroic fight are to be found in the annals of medical science.

When I think back to the early years of penicillin, many incidents come to my mind. The first long-lasting penicillin we used was penicillin in bee's wax, and its injection was certainly no fun for the patient. Little Linda, who had prior experience with penicillin, developed tonsillitis with 104° temperature and another injection became mandatory. As I started drawing the yellow white liquid into my syringe, Linda winced and cried: "It hurts, it hurts, don't do it!"

Her mother tried to pacify her: "Don't make such a fuss, Linda, it doesn't hurt at all, it is only your imagination." To no avail. Still kicking, Linda was overpowered, the needle took its predestined course deep into the upper outer quadrant. Then a horrified outcry which could have melted stone walls and the statement: "Mother, you lied to me, my imagination does hurt; it does hurt too!"

Penicillin had not only beneficial effects, it had some adverse aspects, too, and I am not talking about the allergies so many patients developed to it. I am talking about the effects it had on the morals of some men. It is no medical secret that penicillin cures a certain venereal disease in a single day even with a single injection. Some philandering young husbands relying on this knowledge did not even wait to see whether they developed signs of an infection; before they went home from their city jobs, they came to my office asking for "a prophylactic shot." This preventive treatment is not considered

wise from a medical point of view. Even while it will kill the germs of one comparatively harmless venereal disease, it may mask the development of another, more serious one, contracted simultaneously. My old professor used to say: "Always remember a patient may have lice *and* fleas."

I had a young man under my care who came not for prevention, he brought the real McCoy regularly, and I mean regularly. He was an airplane pilot with flights to all South American countries. This sailor of the airways had a girl in every airport, and by no sheer coincidence they all gave him the identical souvenir. Not to go to jail for libel, I have his Spanish name translated into English: Mr. More. Whenever he entered my office I greeted him with: "Hello, Mr. Once More."

Once in a while when an errant husband, ashamed of himself, presented himself with a nasty infection and asked the usual question: "Is it possible that I caught this infection on a toilet seat?" I gave him the answer I had inherited from my professor: "It is absolutely possible, but isn't it a rather inconvenient way to contract it?"

It is with a feeling of deep satisfaction that I have lived to see the conquest of the two main scourges of mankind, syphilis and tuberculosis. When I was a medical student Ehrlich, in 1910, had already introduced the treatment of syphilis with his arsenic preparation, Salvarsan. But even ten years later, during my hospital years, the time-honored treatment with iodides and mercury had not been abandoned. The patient had to undergo an extensive "Schmierkur": A mercury ointment was intensively rubbed into the skin for fifteen to twenty minutes every day for four days. Each day another part of the body was chosen, the whole left leg, the whole right leg, back and buttocks, and both arms taking turns. After a bath on the fifth day the same rotating treatment started all over again until the patient had had thirty to forty embrocations.

The treatment with Ehrlich's Salvarsan was not much easier at that time either. It had to be performed by a complicated infusion apparatus with two containers, one filled with

a salt solution and the other with a solution of Salvarsan. These were alternately infused into the patient's veins. The treatment was hazardous, frequently accompanied by chills, fever up to 105° , vomiting and diarrhea, and symptoms of poisoning which sometimes ended in death.

At that time the late, degenerative manifestations of syphilis, the syphilis of the spinal cord, and general paresis, syphilis of the brain, were not infrequently encountered. We had nothing to combat this invasion of the central nervous system by the *Treponema pallidum* until Nobel prize winner Wagner-Jauregg, in 1925, introduced the use of artificial inoculation with malaria to drive out the devil with Beelzebub.

Nowadays we treat syphilis effectively with penicillin from its initial lesion as a chancre to its final manifestations as cardiovascular and neurosyphilis. Syphilis could be as extinct today as smallpox has been if every new patient would only report for treatment immediately.

The progress in treatment of tuberculosis during my life as a doctor is nearly as spectacular as that of syphilis. The treatment in our crowded hospital wards in the early twenties could not even be what we theoretically thought useful: general hygiene, rest, light, fresh air, good food, and cod liver oil. I had the good fortune to have been a pupil of Professor Brauer in Hamburg, who, together with Forlanini, introduced the first active treatment of pulmonary tuberculosis: artificial pneumothorax. It was under his guidance that I performed my first pneumothorax therapy.

Prophylactic treatment of tuberculosis by active immunization with BCG vaccine was started in the early twenties but suffered an unfortunate setback when nearly eighty babies, who had been fed the vaccine, died in Lübeck, Germany. An investigation proved that the vaccine had been accidentally mixed with a virulent strain of TB bacteria. Up to this day the vaccine, successfully and widely used in many parts of the world, could not get a foothold in this country. I was reminded of this unlucky Lübeck incident and its consequences when, 25 years later, almost the same accident happened with the

manufacture of the Salk polio vaccine, even if this accident did not claim as many victims. This time a well-educated American public fortunately did not abandon the program of vaccinating the whole population under 40 years of age.

Prophylaxis of tuberculosis in this country became less urgent with the discovery of various drugs for the successful treatment of TB. Most effective of these are: Streptomycin and the isoniazids. They proved their usefulness to such an extent and in such a comparatively short time that many hospital wards and sanitariums reserved for TB patients could be closed or used for other purposes.

VII

OVER THE YEARS my practice did not lose its character as that of a refugee doctor, even if by now it had a strong admixture of patients born in this country. Among those who could trace their ancestry as native Americans farthest back, were the few Negroes I saw as patients. They were the porters, garagemen and the colored maids working in our neighborhood. Most of them had a pronounced inferiority complex, shown first by their inquiring if I accepted colored people as patients. My regular answer to them was that I practiced in this country because of race discrimination and that it would be odd if I had such prejudices myself. One Negro girl asking what my regular office fee was, said: "Then I pay a dollar more for your accepting me as a patient." Needless to say that with the development of my practice I saw many native Americans whose skin was not colored, but white. I never had, to my knowledge, a genuine American under my care: a red-skinned, full-blooded Indian. They were confined, even until this day, in their reservations and they did not enter the enclosure of "my human zoo."

In the meantime my practice got a new addition. Through an historic stroke of equalizing justice more than one former

Landsmann came back as my patients. From the very beginning of my practice in this country I had had "Aryan" Germans under my care. They had lived in this country for twenty years and longer. They preferred me as their doctor because they could talk to me in their mother tongue and I preferred them for the same reason. After the end of the war, these Germans made their young relatives, nephews and nieces mostly, come to America and start a new life in this country. It became quite a new wave of German immigration, not even counting the German war brides American soldiers brought over. Here I have to make a confession. These Germans became my favorite patients, even if a doctor should not be discriminating. They brought with them qualities I had grown up with: punctuality, efficiency, thoroughness. Our relationship as patient and physician was always harmonious, even when it came to discussing their intimate personal problems. They, as well as I, avoided talking about the war and the decade preceding it. There is only one thing I have to blame them for: Owing to the daily conversations with my German patients I have given up hope of ever losing my accent.

In connection with my German background, the following incident is worth noting. During my vacation I spent a few days in a New York hotel and took my breakfast in their coffee shop. One morning, in the crowded room, I was seated opposite an elderly lady who was just ordering her breakfast in broken English which the waitress had trouble understanding. Hearing from her accent that she was German, I offered, speaking German to her, to order for her what she wanted. From the ensuing conversation I learned that she had just arrived from Germany on a visit to her daughter who had married an American soldier after the war. Her son-in-law and daughter were still in their hotel room and were expected any minute. I told her I was a refugee from Nazi Germany and had been living in this country for about twenty years in peace and without prejudice, despite being Jewish. Here in New York, I said, the most different religious and racial population groups are living together in peace and harmony.

Just at that moment the young couple entered: a small pretty blonde girl, and her tall handsome Negro husband.

The European transplanted to this country has a hard time becoming accustomed to the climate. Not that the native American does not suffer from the summer heat and the humidity, but it hits the immigrant much harder. Besides that he usually does not have the means to flee into the mountains or to the seashore as the majority of the Americans do—he just has to grin and bear it. Many immigrants, after they have lived here a couple of years, suffer from a new form of what they think is a nasty summer cold, never experienced before. About mid-August they will get an intense itching sensation in their eyes, noses and throats, with violent sneezing attacks, headaches and general malaise, known to every native as the typical signs and symptoms of hay fever. There is no such a thing as ragweed hay fever in all Europe; there may be some patients suffering from allergies to grass and hay during the summer months, but these European allergies cannot be compared in extent and intensity to the so-called hay fever in this country. People are not allergic to anything, they become allergic by repeated exposure over the years to ragweed pollen and similar agents. That is the reason why immigrants are free of hay fever during the first few years after their arrival. We immigrant doctors had no experience with this type of hay fever before we came to this country, and we had to learn from scratch, no pun intended, the technique of protective injections for our prospective patients.

Another new experience in connection with the climate were the hurricanes which invade this country periodically during the summer months. To give them beautiful girls' names does not make them more attractive even to the male gender of the human race. I had a special reason to fear them. Several times my office, located on the ground floor of the building, was inundated by the torrential gusts and the whole family attired in rubber boots had to fight the damaging floods.

On the subject of disaster, I'll never forget the night of April 17, 1950. It was 11 o'clock and my wife and I were

listening to the late news. At the very end of the broadcast the excited voice of the announcer reported a bulletin just flashed to the station: There was a terrible train collision in Rockville Centre, "... the number of the dead and injured is not known yet." Rockville Centre is only a few miles from our home. We expected our son who attended classes in a nearby college to return on a train passing Rockville Centre at that time. I rushed to my car as quickly as I could and drove over the speed limit toward Rockville Centre. The closer I came to the disaster area the more crowded the highway and roads became. A cordon of troopers and police had sealed off the whole area around the train wreck. I managed to pass, pointing to my MD license plates. The scene of disaster itself was an aspect beyond description in its ghostly horror, illuminated by quickly installed floodlights. The derailed train cars still contained bodies which could not be removed. Injured, maimed and moaning victims lay on the grass waiting for ambulances to take them to the nearest hospitals. The scene was worse and more frightful than anything I had seen on the battlefields of World War I.

I looked through the cars with fear in my heart and uncovered the bodies placed in several gruesome rows inside a small church nearby. I did not find my son and felt gratefully relieved. I stayed on the scene, helping where I could together with young ambulance doctors, interns and other physicians who had rushed over from the nearest towns. There was not much we could do: some first-aid dressings and pain-relieving morphine injections. When I returned home at dawn, my son was waiting for me. He had had a good time with fellow students, missed his train, and not until he had come home did he even know that there had been a disaster in our neighborhood.

VIII

A GREAT DEAL of a doctor's professional life is filled with the problems of love and marriage, and more often, love without marriage. All of us could probably fill a book with interesting, amusing and sometimes terrifying stories about man's most urgent need after food and shelter. My experiences in this country were not very different from those I had had on the other side of the ocean. But sexual behavior and morals seem to be somewhat changed compared with those existing in my younger years as a doctor. Again that might not be a characteristic of this country or of my particular neighborhood, but just a change brought on by our "modern times." I did not have to study the Kinsey report to know that love life and its consequences start very early in our young people. In Europe, I had seen boys just entering puberty afflicted with venereal disease and girls in their early teens prospective mothers. What amazed me in this country was the natural, matter-of-fact attitude and nonchalance with which young people indulged in their love affairs, not making a secret of them. A striking example of how openly young people revealed their sexual activities even to their understanding parents, was demonstrated to me when a mother phoned me about a "sweet sixteen" party for her daughter: "Evelyn had a wonderful time. But at that petting party she got some sperm on her leg. Do you think it is possible that from that she could become pregnant?"

At another time a high-school girl dropped her pocketbook in my office and the contents spilled all over the floor. Among the many items there was a small square envelope with contents for male protection. Observing my questioning look, her only comment was: "He might forget and I don't want to take any chances."

Laura's father was a lawyer before he came to America. He had practiced in a city not far from my hometown, and

arrived in this country at about the same time I did. Ever since Laura was a little girl of ten I had looked after her health. Without merit on my part she grew up to be a pretty, sound and well-developed girl. Now she was in her senior year in high school. I knew that she was very popular, had her dates and parties and behaved like the other girls in her class. One fine day she startled me with a peculiar request. "Doctor, I want you to do me a great favor." My first thought at hearing "favor" was: another pregnant high-school girl who wants me to perform an abortion. But that was not what she wanted, it was something more unusual: "I want you to fit me with a diaphragm."

After a moment to swallow my astonishment, I answered: "Laura, I am not criticizing what you are doing. You are old enough to know what is right or wrong for you. Besides that, it is probably too late now to change your mode of living anyhow, even if I am surprised that a girl your age is already so experienced that she knows what a diaphragm is. But you cannot demand that I professionally contribute to what is known by the name of juvenile delinquency."

"Doctor, you get me all wrong. You are my father confessor and I have to confess that I am secretly married. You don't want me to become pregnant while I'm still in school. I did not tell anyone, not even my parents. You know Carl, nobody can separate us."

I did know Carl, he was a pre-medical college student and a fine boy. I told Laura: "When you can prove to me that you are legally married, I'll think it over."

Not a week passed until Laura came to my office again, a large, rolled document in her hand, an official marriage license of the State of New York, signed and stamped. You might think this ends Laura's story. But it is here where her story really begins. Shortly after her graduation, a smiling Laura appeared in my office. I thought that now comes the announcement that the first baby is on its way, despite the protection. But far from it. Another bombshell hitting harder than the first one. "I've come for a Wasserman test."

"You don't think you have syphilis?" I asked in surprise.

"No, but I need it to marry."

"But you ARE married, Laura."

She laughed: "That's what you think. The license I showed you was a phony from our inserted names to the judge's signature."

I nearly sat down on that part of my anatomy made for that purpose. Laura's story has a happy ending. She did not marry the Carl "nobody could separate her from." She married a well-established young man, and now is the mother of two fine children. She lives an exemplary life as an excellent house-keeper, faithful wife, and devoted mother and I wish her this happy family life ever after.

The coeducation of the young people in this country, their early going together on dates, their freedom of association, and their intimacies have led to one sound trend from a medical point of view: early marriage. No longer do young couples postpone their marriage until the prospective husband has sufficient income to support a family. It is proper and respectable for a young wife to hold a job and to contribute to the maintenance of the common household, at least until the first baby arrives. This event can be postponed at will with contraceptive advice available in every doctor's office.

Often the so-called premarital counseling in the doctor's office consists of fitting the bride with a diaphragm to free the groom from his former obligation to prevent pregnancy. I do not maintain that there are no virginal brides any more, but she is a *rara avis*, not often seen in a doctor's office. On the other hand, it happens once in a great while that a fearful bride has her virginity purposely removed premaritally under local anesthesia. So the medieval right of the lord of the castle toward feudal brides, the *jus primae noctis*, or as my lawyer friend calls it, the *jostle primae noctis*, becomes sometimes a doctor's privilege and obligation, even if it is customarily performed with instruments. Possibly those surgically deflorated brides are the future wives who are not very happy with the sexual aspects of marital life anyhow. I once saw a not-so-

young bride in my office a fortnight (I think this British designation is appropriate here) after her wedding day. I asked her the silly but expected question: "How was your honeymoon?" and this is her answer: "If I had known in advance that marriage is such a mess, I would have stayed a spinster all my life."

Before closing this chapter about marriage, brides and contraceptives, I want to relate an amusing incident that happened in my darkened office not so long ago. I was fluoroscoping a young woman and, as is my habit, I dictated the findings to myself: Heart of normal size and configuration, lung field bright and clear, diaphragm moving freely up and down. At this point the indignant voice of my patient interrupted my monologue: "How for heaven's sake, can you see my diaphragm when you look through my chest?"

I am a bit off the refugee side of my doctor's life. But refugees have their sexual problems, too, especially young men, newly arrived, and not capable of finding female companionship, due to the poor knowledge of the English language. This book deals with facts, but where statistics are missing, fiction sometimes illuminates an existing situation just as well. A young German-Jewish refugee, only a couple of weeks in America, felt very lonesome and was yearning for a girl friend. Working and living in lower Manhattan, he confided his predicament to a young *Landsmann* he met on his job: "How can I make contact with a girl, if I cannot speak English?" he inquired.

His sympathetic friend could give him advice. "A lot of young German-speaking couples live in Queens. On your afternoon off you take the 'E' train to Jackson Heights. You can always meet some young housewives doing their marketing in the streets. The rest, of course, is left to you." The young counselor had already forgotten his friendly advice, when he came home from his job a little early. He enters his apartment and finds his surprised wife entertaining his lonesome *Landsmann*. "You *Schlemihl*," he shouts, "I told you to get out a station earlier, in Jackson Heights, not here in Forest Hills."

My practice was stabilized. But there was still war in many parts of the globe; it was a "cold war," which had its ups and downs, and might have turned hot at any time. Poland, Czechoslovakia, Hungary and other East European countries came under communistic rule, and became Russian satellites. No new refugees from these countries arrived, and those who came from Hungary at a later time did not settle in my neighborhood. My doctor's life was regulated at least as far as a doctor's daily routine can be regular. It had nearly the same pattern as my practice in the old country had had.

The other day I had a visitor who came, not as a patient, but for a little social chat. Bobby was a tall handsome boy, a freshman in a nearby college, home for his vacation. I have known Bobby ever since he was a little baby, and cared for him in health and sickness as a trusted family doctor. His mother was one of my first patients. She was a good looking woman, about fifty years old when I first saw her. It is this age which initiates my story. Mrs. Bowlen lived with her second husband, a few years younger than she was, in a one-family house a few blocks away. She had two daughters from a previous marriage. Virginia, about thirty years old, was married and had presented her with two lovely grandchildren. She had already moved to a small town upstate at the time I made her mother's acquaintance. I met her frequently when she came visiting with her little daughters for the holidays. Carolyn, fifteen years old, lived with her mother. Bobby, the baby, was her second husband's son. Mrs. Bowlen was nearly fifty years old when he was born. "We thought it was my change of life, but it was not my change of life, it was Bobby," she told me. I found the story of her gestations—twice nearly fifteen years apart—the more interesting as she had never used any contraceptives according to her religious background. The fact that she conceived being nearly fifty years of age is in itself a medical curiosity. But you would not find her story here if it were only for these unusual occurrences. I have to warn my readers that this is a story with a surprise ending.

Mr. Bowlen had a coronary attack out of a clear sky. A

week later we had to carry him to his grave. The twice bereaved widow came to my office: "Now I am all alone, both my daughters married, and Bobby in college, and away from home." Then, all of a sudden, she revealed her secret, kept for nearly twenty years, and known only to three persons. Bobby was not a change of life baby, he was the son of her second daughter, Carolyn, and begotten by her second husband!

This then is a real life "Peyton Place" story, not ending in abortion, homicide, and a spectacular court scene. It had a comparatively happy ending, if you do not consider the fact unhappy that Carolyn's marriage of ten years remains barren. It seems to be an ironical quirk of fate that she could not conceive any more, after having given birth to her "brother."

Of the proverbial triad, wine, women, and song, the last had no prominency in my practice at any time. I am no ear, nose, and throat specialist, after all. Stories about the female sex filled the preceding pages in abundance. Wine remains as a topic, even if its place in this country is taken by whiskey, and, to a lesser extent, by beer. There does not exist a practicing physician whose professional activities are not concerned with alcoholics in one way or another. It was not different with my practice and the different groups of people who were under my care. But do not look for hilarious or even amusing stories. There are none. Alcoholism occupies one of the saddest chapters in my book. It contains stories without a happy ending only, as alcoholism leads invariably to physical and more often to economical and social death. Alcoholism is a serious disease passed over in silence. It is a forgotten disease. Each year, enormous sums are collected to combat tuberculosis, cancer, heart disease, and a host of other disabling and killing maladies. Did anybody ever knock at your door for a contribution to fight alcoholism?

There were very few alcoholics among my Jewish patients, though the Jewish religion does not prohibit the consumption of alcoholic beverages as Mohammedanism does. It is no medical secret that the top steps of the alcoholic ladder are

occupied by the Germans and the Irish. You can easily distinguish the German drinker from the Irish by his physical appearance. As a general rule the German prefers beer to liquor and he develops a remarkable beer paunch, whereas his Irish counterpart remains lean. If he has acquired a pot belly, he is probably in the last stages of his disease when water, caused by his liver cirrhosis, has accumulated in his abdominal cavity.

Alcoholism is an emotional disease. Invariably the alcoholic is suffering from a personality disorder. He takes refuge into an unreal world of phantasy from real problems and difficulties he cannot face. These problems are of a rich and vast variety, be it latent homosexuality, a nagging wife, or one of scores of other conditions which seemingly cannot be changed. All our efforts to help a confirmed alcoholic are in vain—there is no cure. I am not ridiculing the valiant attempts of Alcoholics Anonymous, or the Salvation Army; but in my experience they are as useless as the medically used antituberculous or massive vitamin treatments or our attempts at psychotherapy. No alcoholic considers himself an alcoholic. He emphatically points to the shorter or longer intervals between his sprees when he is sober; but only he thinks he can take it or leave it. As a general rule alcoholics have pleasant personalities in their states of sobriety. They are polite and considerate and well liked by their friends and the people with whom they do business. But their character may change so completely when they are inebriated, that they may become violent, abusive and even dangerous.

Let us have a look at some of the alcoholics I have encountered in my professional life. There was the schoolmate of mine during those happy and carefree days at Heidelberg. We studied, when we did study, in different departments of that old venerable alma mater: he, in law; I, in medicine. During the evenings we drank together and together sang those old student songs which will never die. World War I saw us both in uniform, he as a first lieutenant and I as an undergraduate doctor. After the war we married hometown sweet-

hearts at about the same time. Some years later we settled in our hometown in our chosen professions. Our friendship survived our common imprisonment in Dachau; we arrived in Belgium at about the same time and sailed to America on the same boat. At this point our lives started on different courses. I had my family with me, but he left his wife and only son behind in Brussels with close relatives to have them come over to this country after he found a suitable job. He never saw them again. Fate, in the form of Nazi invasion, intervened. He could not find a suitable job. To study law again—as I restudied medicine—was out of the question. Law, unlike medicine, is not international, it would have taken years and years to study and his age was against him. He took one job after another; he was an elevator man, a night watchman, a floor walker in a department store, and held a dozen other odd jobs. His last job was that of a newspaper vendor in a stand near Times Square. He was unhappy, depressed, destitute.

Ever since our student days he had been addicted to alcohol, first moderately, then more heavily. Formerly he could control his habit at least temporarily, and seemingly at will. In this country, and with conditions as they were, he went from bad to worse. From the "Fourth Reich" he had emigrated to the Bowery; repeatedly they found him lying drunk in the gutter. Bellevue Hospital gave him shelter, not to say treatment, for short intervals. He spent some time in Creedmore. He continued drinking, he played the horses and accumulated more debts than his best friends could afford. He ended as a suicide in a manner too ghastly to describe here. He never had learned, as I did after the war, that his wife and son had perished in the gas chambers of Auschwitz. This is the sketch of an alcoholic life, if you can call it life. Was it worth living?

Our new doorman was in his early forties, which was unusual in itself, as nearly all the doormen in our settlement were beyond the Social Security age, had even reached the biblical seventy. Only a few conversational words showed that he was highly educated. I soon found out that he spoke German with only a tinge of an English accent. That was easily

explained as he was born in Milwaukee, of German descent. He had a speaking knowledge of French too, he knew Latin and enough ancient history to have made him a desirable candidate on any quiz program.

After a few weeks on his job he came to my office as a patient. He confided to me his two secrets, one of which was no secret at all. It was obvious to everybody in the building that he was a heavy drinker. The second one I had to keep under my professional silence: he was a high-school teacher and had served time for a homosexual offense. The rest of his story leaves little to the imagination. After being found drunk on the job time and again, and most of the time being so drunk that he could not come to work at all, he was fired. He remained in our neighborhood after marrying an alcoholic divorcee and moving into her apartment. The last time I saw them was after their eviction, when a city truck took them and their few remaining possessions away.

Mr. McMahon was a successful stockbroker, successful for himself and successful for his customers. He was the typical Irish alcoholic: lean, with nearly emaciated arms and legs, but a barrel-like abdomen. It was not only barrel-like, it was a barrel filled with liquid to the bursting point. I treated his cirrhosis of the liver with everything in the medical books: massive vitamin doses, mercury injections to further diuresis, and frequent punctures to drain his abdominal cavity. He did not stop drinking. The end was unavoidable: an enlarged varicose vein in his esophagus—the consequence of his liver disease—ruptured, blood gushed out of mouth and nose. An ambulance rushed him to the nearest hospital. All the admitting doctor had to do was to write D.O.A.

In contrast to my European medical experience was the great number of female alcoholics who came under my care in this country. Not to bother you with many case histories, may it suffice to pick one nearly at random. Lola was another divorcee, born in Argentina and of Spanish descent. She was a good-looking woman in her early thirties, with raven black hair and upholstered in the right places. She lived only a block

away and it was her habit to call me late at night, either when she had her blues, crying like a baby, or so drunk that she scarcely was able to dial the phone. Like her male counterparts she had her sober periods between bouts, times during which she could earn some money at odd jobs to pay for her spree which followed inevitably. It was well known to the storekeepers in our neighborhood that she used to pay in kind to the different delivery boys to save on her meager resources. I am sorry that for myself I had to decline this kind of "in kind" payment. As a consequence I did not receive any cash payment either. I can finish her story with a happy ending, because Lola has successfully joined A.A. While I am writing this story she has a clerical job with her congregation. But after all my other experiences, I am afraid that I will have to add a footnote to her story before this book goes to press: Lola is not only an alcoholic now, but a full-fledged prostitute as well.

I X

WHILE ON THE SUBJECT of vices, I find that the next step from the alcoholic is to the smoker, even if a nonsmoking, but drinking, gambling, philandering doctor friend of mine said: "If it were a vice, I certainly would have it." There are to my knowledge no differences in smoking habits among the various racial groups in this country. But with regard to the consequences, there is one disease caused by excessive smoking more prevalent in one group, namely the Jews, than in the others. Certain changes in the blood vessels of the legs, sometimes leading to gangrene, a condition called Burger's disease, afflicts mostly young or middle-aged, cigarette-smoking Jewish men. Nowhere could I find any plausible explanation for this selective preference. This should not reflect on the ancestry of the late King George VI of England who was afflicted with this disease.

Another condition caused by smoking, lung cancer, spares

no race or population group. There is no doubt in my mind that excessive cigarette smoking is a decisive factor in the origin of pulmonary cancer, whatever you may think of "deceiving statistics." The evidence is too overwhelming. I had not seen a single case of lung cancer in my European practice, not even during the six years of hospital work in large wards reserved for diseases of the lungs. Cigarette smoking was not excessive at that time. But I lost several patients by this merciless killer in this country in comparatively short time, in a not too extensive practice. All of them had been very heavy smokers.

Experiences, or rather lack of them, in my own family would not have brought me to the conclusion that excessive smoking may cause cancer. My father was one of the heaviest cigar smokers I have ever encountered, his daily average was 12 to 15 cigars, and when I visualize him I see him always with a cigar in his mouth, not unlike the pictures of Winston Churchill. Father died, 79 years old, from a disease in no way connected with excessive smoking. My grandfather was not different in this respect. I remember that the standard gift for him at any and all occasions was a big box of large cigars. He was a small, undersized man with a beautiful patriarchal beard trimmed in the fashion of the Austrian Emperor Franz Joseph to whom he was no more related than my father to Churchill. He was the youngest son of my great-grandfather, born when this ancestor was 64 years old. My great-grandfather was widowed twice and married three times. His first son was born when he was 21 years old. Documentary evidence which sounds like a joke is transferred from one generation to the other: My grandfather died 140 years later than his half-brother died. Impossible? Here are the facts: My great-grandfather was born in 1762 and died 1866, 104 years old. His first son was born when he was 21 years old, and unfortunately died in his first year of life. My grandfather, his youngest son, died in 1923 at 97 years. Take your pencil and check my story.

We were discussing cancer of the lungs. But I am not going to describe the numerous sad, and sometimes tragic stories

connected with cancer in the lives of my patients and their families. They are the same in every doctor's practice. No population group is favored, no matter what their ethnic descent.

But as usual, there is one exception, of which a doctor with a partly Jewish practice is well aware. The dreaded and frequent cancer of the neck of the womb, which kills numerous women every year, is practically unknown among Jewish women. That is not a mere personal impression gained in my practice, it is a fact well established by statistics. Yet the conclusion that this is a racially caused preference is certainly wrong. Cancer is not discriminating according to race, creed, or color. To make this understandable I have to tell you a few facts about what we know of the origin of cancer. To this day almost nothing is known of the real cause of cancer, though thousands of research workers toil over the problem, and millions of dollars are spent. But certain facts about the origin of cancer are well established. When you paint the same spot on the skin of a rat with tar, day after day, then you may be sure that after a certain time cancer will develop at this spot. There is a form of cancer known to originate only with a now nearly obsolete vocation, that of a chimney sweep: it is a cancer of the scrotum. There is no doubt that this cancer originates exactly in the same way as the skin cancer of the painted rat, namely by constant irritation of the scrotal skin by smoke and soot.

You may ask what that has to do with the cancer of the neck of the womb. There is no exposure to smoke, soot, or tar which could irritate it. But there is, even if the soot is replaced by smegma, a cheesy secretion under the foreskin of uncircumcised men. Now you see where Jewish religious law comes in: Jewish husbands do not expose their wives to this hazard. We have additional evidence that this sparing of Jewish women from cervical cancer is not racially predestined. Catholic nuns, for obvious reasons, almost never are afflicted with this type of cancer. There should be a big sign in every nursery for newborn babies, Jewish and Christian alike: Have

your sons circumcised, protect his future wife from cancer.

After I have given you a casual glance at cancer, this most dreaded threat to human life, I have to discuss the statistically worst killer in this country—the one doctors call cardio-vascular disease, especially in its most dangerous form, coronary thrombosis. When I was a young hospital doctor during the early twenties, coronary thrombosis was nearly unknown to medical science. Of course we saw heart patients with the typical symptoms of coronary occlusion, but we could not differentiate between this serious blocking of the arteries which supply the heart with blood from the more harmless angina pectoris where there is only a temporary interruption of the blood flow. With the more common use of electrocardiography, at first performed with huge and bulky machines, which could not be moved from one room to another, our diagnosis became more accurate. In this country I now see more patients with coronary disease in one month than I treated in many years of my European practice. I am sure that the reason for this tremendous multiplication is not only better recognition and improved diagnosis. There is an enormous and real increase of coronary patients at this time and in this country. You cannot blame any single factor for the frequency of coronary trouble in America. No disease has one single cause, not even pneumonia is caused by the presence of the pneumococcus only. Other factors, like exposure to cold, and diminished resistance from overwork have to combine to bring on pneumonia.

We know that the male sex is the preferred victim of coronary attacks; we know that old age plays a role—and people do get older these days than they did thirty years ago—but the really decisive factors are the mode of restless living in this country and the ingestion of rich food. The hustle and bustle of American life, the stress and strain of our modern times are contributing factors. But more important is the abundant food intake of the American male. It is not so much indulgence in smoking and alcohol as it is the overeating of rich meals, rich especially in saturated fats. For me this is no longer a theory

which has to be proven by scientific investigation. By a mass experiment in World War II we have the evidence already. Similar to the experience in World War I, when diabetes in Germany almost disappeared through mass starvation, we have extensive statistical evidence in Nazi-occupied Denmark and Norway during World War II, that coronary disease decreased nearly to the vanishing point. At that time butter and eggs and other dairy products rich in cholesterol were confiscated in these countries by the Nazis for their own use.

We know that the Japanese and Chinese men almost never get coronary thrombosis. I am convinced that this is not a characteristic of the yellow race, but has to do with the fact that they live on a prevalently vegetarian diet, very low in fat content.

Despite the seriousness of coronary disease the outlook of the coronary patient is much better than that of the patient with cancer. Not only do we have anti-clotting medicaments to prevent new attacks, but we are justified in the hope that clot dissolving agents, now under investigation, will prove successful. Even surgery on the damaged heart may brighten the outlook for the future coronary patient. Today, I have men under my care, free of symptoms and gainfully occupied, who had their coronary attacks ten or more years ago.

I would like to cite the case of an elderly coronary patient with a very peculiar aftereffect of his disease. He was a refugee from the Nazis like myself, fifteen years my senior. He had an uneventful recovery from his first attack, but developed, as a consequence, many months later a cerebral embolism, commonly known by the name of "little stroke." Nothing was paralyzed; he could freely move arms and legs and there were no changes in his facial muscles. What revealed his condition was an aphasia, a peculiar disturbance of his speech. He could understand what was said to him, and he had not lost the power of voluntary speech to answer, either. But there appeared a peculiarity which showed how distinctly the tape recordings of our memory are separated in our brain cells. He could not answer in his native German language, he could not

speak in his normally fluent English either, but he answered without hesitation in Italian, a language he had spoken for a few years only, when he was in Italy as his first country of refuge. As this unique medical accident could only have happened in the life of a refugee I thought it deserved a place in this book.

My station in life as a refugee doctor was fixed by now. I had been practicing in this country for nearly fifteen years and had been an American citizen for ten years. The Korean war had ended in a stalemate, the cold war continued its pendulous path. Still new refugees arrived, no refugees from Korea to be sure, but from other parts of Asia, Africa, South America, and even Australia. They were European people, most of them Jewish, whom the Nazi persecution had scattered all over the world. They had found refuge in those different countries first. They had tried to settle in these foreign lands, but could not adapt themselves to the unaccustomed environments. So they took the Ahasuerus staff again, and tried to be luckier in this country. This second emigration was understandable for a large group of German-Jewish people who had formed a new settlement of their own in Shanghai; the need was less evident for Jews who had emigrated to the new state of Israel. For the first time in my practice I had a "Sabra" under my care. Sabra is the name given to immigrant children born on Israeli soil. The name is derived from a species of cactus plant, rough and thorny on the outside but filled with a mellow and sweet liquid.

None of these people had a desire to return to their homeland, be it Germany, Austria or any other European country. They came, sponsored by their relatives, to America, and quite a number of them entered "my human zoo." For these newcomers I was a veteran American who could advise them not only as a doctor, but as a friend in their numerous problems of resettlement. By this time I really felt like a veteran. America or, to be more exact, New York had become my home. It had become a deeply beloved home, which gave me the feeling of belonging and security.

My work was gratifying, but not all I did was work. Every Saturday afternoon and evening I took off and, in the company of my wife, went to Manhattan. That was the time I really fell in love with New York. There was no greater pleasure for me than to stroll along Broadway and see the variety of people sightseeing, shopping, going to the theaters and restaurants or just strolling like myself. There you could hear a Babylonian mixture of languages and see an assortment of people of every race, creed, and color. Some persons were attired in the costumes of the land of their origin: the Irish, the Puerto Ricans, and the Indians (I mean the natives of India, and not their mislabeled American namesakes). It was a checkered, colored crowd, moving and changing, motley, gay and variegated in never-ending procession. My own favorite place was Rockefeller Plaza with its frequently changing flower gardens, an arrangement of natural beauty in the center of the city of stones. It was especially impressive at Christmastime when its gigantic Christmas tree was glittering with thousands of gaily sparkling colored lights.

Every part of Manhattan had its special attraction for me, not only Central Park and the Cloisters, but Greenwich Village, Chinatown, and even the Bowery.

On these Saturdays, we usually went to a movie theater which showed a foreign picture, be it French, Italian or German, and afterwards we used to eat dinner in style, as I called our habit of eating in an Italian restaurant when we had seen an Italian picture, in the Old Brauhaus after a German movie, or with Champlain when French was our choice for the day.

In all these restaurants we could eat in our accustomed European way without getting glances of disapproval concerning our table manners. I never could understand why the American has to cut his food with the knife in his right hand, putting his knife on his plate after having done so and then transfer the fork from the left hand to the right to do the actual eating, repeating this ritual over and over again till his plate was emptied. The European keeps his knife in his right

hand and raises his food to his mouth with the fork held in his left hand.

At regular intervals we visited the Rockefeller Center Observation Roof and the Empire State Building tower with their magnificent views farther than the limits of Manhattan. We saw the vast city cramped with skyscrapers and churches, hotels and theaters, hospitals, shops and apartment houses with a view south to the battery, north to the Cloisters, the broad band of the Hudson, with its slowly moving boats and tugs to the west, and the smaller Harlem and East rivers with their numerous bridges to the east.

For a change we took a boat ride up the Hudson to Bear Mountain and West Point. The scenery on the river banks of New York and New Jersey reminded me somewhat of the Rhine, even if the hills were not so high and varying, and even though there were no ruins of castles on top of the mountains. During the trip down the river in the evening I used to drink a bottle of wine on deck and the general feeling and mood under the starlit sky were the same as they had been on the Rhine in my younger years. I could have sung: "*Ich weiss nicht was soll es bedeuten, dass ich so traurig bin.*" (I have no idea what makes me feel so sad today.), Heine's immortal song, which not even the Nazi regime could suppress. It was listed in their song book with the note "Author unknown."

Often during my years "in exile" I thought of myself as a companion in misfortune of Heinrich Heine, the German poet who had to flee Germany not for religious, but for political reasons. He died, in Paris, forty years before I was born. He was born in Düsseldorf, a frog leap from my home town. Descended from Jewish parents he was perhaps the most German of all German poets, and the deep love for his fatherland emanates from many of his poems written in exile: "*Ich hatte einst ein schönes Vaterland.*" (Once I had a beautiful fatherland.) Though many of his poems are set to music and live as popular songs among the German people, his love for his homeland was a matter of unreturned love similar to mine. I could say with Heine, "*Denk' ich an Deutschland in*

der Nacht, dann bin ich um meinen Schlaf gebracht." (When I think of Germany during the night my sleep is gone.)

Another pleasure trip I could have taken over and over again was a cruise circling the island of Manhattan. By actual count I took it four times to this day. My wife said jokingly: "You like this trip so much only because the guide (who was a faithful patient of mine) is such a pretty and shapely girl." This boat trip is really a treat I could enjoy each time anew: Up the Hudson with New Jersey to your left; over the northern tip of Manhattan and Hellgate; down the Harlem and East rivers, with the Bronx, Queens, and Brooklyn to your left; on the southernmost point passing the Battery; and up the Hudson again. You pass underneath numerous old and recently built bridges, see an unforgettable panorama of everchanging sights with Manhattan's famous skyline always presenting itself from different and interesting angles. You see all the well-known skyscrapers at closer or farther distance, New York's Civic Center and city housing projects, famous hotels and university hospitals, ventilating shafts of the Manhattan tunnels, churches, and the culminating point for me: the United Nations.

Let us stop here and meditate. I am not much concerned with the architectural beauty of this large rectangular building, with its thousands of glittering windows sparkling in the sunshine. This is primarily a refugee book and foremost in my mind is the idea the United Nations represents, the idea packed into the two words of the title of Wendell Willkie's book: *One World*. Looking at this modern building evokes in me the same deep feeling of religious reverence and adoration as the St. Patrick's Cathedral might call forth in a devout Catholic heart. Here is a religion of the brotherhood of man, an ideal and an aim worth living and striving for. Where the League of Nations had failed, the United Nations must succeed in this atomic age with the alternative: a world in peace or a world in pieces. If mankind is to survive there must be peaceful coexistence of the two opposing economic systems which dominate the world of today. There is room

enough on this earth for capitalism and communism. We have to abandon the false doctrine that one must conquer the other. May I remind you that only a few centuries ago all of Germany and a large part of Europe lay in rubbish and ruins after a murderous war which lasted for thirty long years, only because at that time people honestly believed Catholicism and Protestantism could not exist together and one had to subdue the other. In this bitter struggle of the believers in God, the devil was the victor. If another ideological war should be fought today with atomic missiles reaching over the seas and continents, neither system and not even the devil will survive.

This idea should be uppermost in the minds of all nations and peoples. On the walls of the City of New York, directly opposite the United Nations buildings, are inscribed in huge letters the prophetic words of the Bible:

They shall beat their swords into plowshares and their spears into pruning hooks, nation shall not lift up sword against nation, neither shall they know war any more.

After two thousand years there is hope at last that these words may become true.

Every year, the anniversary of the birth of Franklin Delano Roosevelt's brain child is celebrated with a concert featuring Beethoven's *Ninth Symphony*. Everybody who can experience the joy and happiness of its rousing finale will feel in his heart that this world cannot be rotten and doomed, that it is an idealistic world, full of promise and hope. There is no greater moment of supreme joy to be felt deeply than when a jubilant choir sings Schiller's "Ode to Joy," culminating in the prophecy: *Alle Menschen werden Brüder*. (All men will be brethren.)

X

METROPOLITAN NEW YORK is only a spot in this huge and vast country called the United States of America. My practice did not allow time to explore her much farther than the city limits. Even my summer vacations were usually spent at one of those small mountain resorts in upstate New York and New Jersey. Now I visited them as a summer guest, and not as a doctor looking for a place to practice. To my surprise I found in many of them a fellow refugee doctor settled and content with his practice. He apparently had been more courageous in facing the problems of a country doctor's life than I had been when I had to make my decision.

Some summers I drove to the Pocono Mountains and took my vacation there. The summer of 1955 stands out in my mind. That was the summer when one of those horrible hurricanes with such a nice girl's name flooded the whole area, made hundreds of families homeless, and drowned more than a dozen children in a summer camp. I had more trouble in crossing the Delaware by car than George Washington had had by boat. In Pennsylvania I had occasion to meet some remote *Landsmänner*, to be exact nearly two hundred and fifty years remote. The Pennsylvania Dutch are no Dutchmen at all. They are descended from Germans who emigrated in the early part of the eighteenth century from the same provinces in Germany from which I could trace back my family for over two hundred years. The Pennsylvania Dutch country dialect mixed with English sounded somewhat like Yiddish as it is spoken in America. But, whereas I could understand the latter very well, I could not communicate with these early *Landsmänner* in their language. You will see that I have a special reason for telling you about my meeting this selected group of early Americans.

It may seem farfetched when you consider that it is nearly three thousand miles from the Atlantic to the Pacific.

Let's start at the beginning. My younger son was an instructor in mathematics at a Midwestern university at that time. There he met his master—master in mathematics to be exact—in the person of a Canadian girl. An equation was in the making. The wedding was to take place in the girl's hometown in far-western Canada.

This was an occasion for my wife and me to break out of our self-erected enclosure within the State of New York. A flight to the Canadian Rockies takes nearly ten hours. We took even more time so that we could see at least a little of our adopted country. We thought the time of our son's wedding was appropriate to make up for the honeymoon we could not take after our own wedding nearly thirty years ago. At that time, I was a hospital physician on steady duty. I had just time enough to rush to my hometown, fetch the bride and be back on duty by return train. Now, after thirty years, what was more natural than to spend our lost honeymoon at the Mecca of all honeymooners, Niagara Falls. My wife, a true worshipper of the wonders of nature, left nothing uninvestigated concerning the nature of the falls. After we had flown over them we surveyed them from the American side, studied their Canadian aspect, went by *Maid of the Mist* nearly under them, and the only thing we did not do was roll in a barrel over them. As you see it was really a belated honeymoon.

The airplane carried us westwards over an immense boundless plain. Whenever we could peek through a gap in the clouds we saw nothing but prairies and lakes, hundreds of lakes, and the wide open spaces. Winnipeg, Saskatoon, Edmonton, and all of a sudden the Rocky Mountains. We had arrived. My *mechuttin* took us to his house. *Mechuttin*? Only the Hebrew language, as far as I could find out, has a single word to designate the relationship between the respective fathers of bride and groom. He was a university professor and had been a cultural pioneer in this far western part of Canada. Now a Canadian citizen, he was of Pennsylvania Dutch origin. He had in his possession a log book

with the names of his ancestors who sailed to America in the early eighteenth century. Their hometowns were in the same county from which my family had come. Among the names in the log book we found an immigrant with my family name. I am convinced that he was one of my own ancestors, because all people with this distinct name, derived from a small town in that county, are related. Even two centuries later they had their domiciles within a comparatively small radius around this town and were not found in any other part of Germany. This immigrant must have been the proverbial exception from the rule. I dwelled for some time on this theme of ancestry because I think it is an act of historical justice that my son found his bride two hundred and fifty years and three thousand miles removed from the time and the place where their ancestors could have met as next-door neighbors.

We spent our double honeymoon, namely my son's and mine in the Rocky Mountains, only comparable to the Swiss Alps in Europe, which I had visited in my younger years. To describe the grandeur and the splendor of these mountains, ice fields, and picturesque mountain lakes would require another book. Nature's beauty in Canada's National Park around Banff and Lake Louise is beyond description. With tongue-twisting names like: Coquihalla, Norquay, and Saskatchewan, I called it a country of unspeakable beauty. Firearms prohibited, we shot the bears, buffaloes and moose with our cameras. (I had to check the dictionary to learn that it is not "meese," formed according to "geese.") We felt like early explorers of the wilderness though the cooperative wild beasts presented themselves in photogenic poses for the benefit of tourists.

Honeymoons end abruptly. Without any gradual transition there was Idlewild, despite its name not in the Rocky Mountains, but at the outskirts of the world's largest metropolis.

XI

BACK TO MY LIFE as a physician. There is in every doctor's life one branch of medicine closer to his heart than the others, whether he is a general practitioner or a specialist in one of the many fields of medicine. My special interest, ever since I studied medicine, has been the working of the endocrine glands, or the glands with internal secretion and their effect on body and mind. Whenever I see a patient I do not look for the signs and symptoms of a disease only, I look for his body build (type of physical appearance), and watch his behavior, both influenced by his hormone secretions, and draw my conclusions accordingly.

My interest in glands was stimulated in the early twenties by the "rejuvenation" attempts of Steinach and Voronoff which have not lost their appeal to the laity even today. Steinach tried by ligation of the seminal cords in elderly men to stimulate the internal secretion of the male hormone. Voronoff's experiments with transplantation of monkey glands into old gentlemen are still a favorite subject in joke books for bachelors.

What are endocrine glands and what are hormones? Endocrine or ductless glands pour their secretions directly into the blood stream and the name of these secretions is hormones. Hormone is a Greek word and means to stimulate. The hormones, different ones from each internal gland, stimulate our body cells in one way or another, and influence each other in such a way that they keep our body in perfect hormonal balance, at least in our healthy days. When this balance is disturbed we can draw our conclusions as to which of these glands is out of order.

Long before the French doctor Claude Bernard discovered the internal secretion at the end of the last century, physicians and laymen knew about the effects of these glands, their over- or underproduction, through distinct bodily manifestations.

In biblical times castration of oxen—as it is still performed today and for the same purpose—was used to obtain fatter animals. The old Romans knew that the thyroid gland swells in pregnant women: they used to put a tight string around the neck of a newlywed bride and when it tore it was evidence that the young wife had become pregnant. Nowadays we know much more about the secretion of the thyroid gland located symmetrically on both sides of our larynx. What interests us here are not the diseases caused by dysfunction of the thyroid gland, but the influence of this gland on our body build and mind when there is too much or too little secretion. Decisive in this respect is the age at which a disturbance of this secretion occurs. When there is a lack of thyroid secretion at the time the baby is born, or when it originates in infancy then there results a human being which has only little resemblance to a human child. You see an ugly, plump dwarf with a broad face, flat nose and thickened lips and tongue. Mentally he is a dull, helpless imbecile or moron. Even when this disease originates after puberty, when the body is fully developed, it may cause a complete change in the person's personality, ranging from mental dullness to complete apathy.

In contrast to these patients with thyroxin deficiency the patient with an overproduction of this hormone, who may suffer from Graves' disease, is high strung, nervous and sensitive, and may be mentally alert and highly intelligent.

Disturbances of the thyroid gland are nearly always connected and frequently caused by dysfunction of the pituitary gland, the "master gland," deeply embedded in our skull. To simplify matters, let me tell you only that this gland produces dozens of different hormones, many of them so-called "tropic" hormones which influence the other endocrine glands as "target" glands. We are concerned here only with body build and mind. Thus I exclude all these many hormones with the exception of the pituitary growth hormone. It is definitely responsible for our height and, when it is overproduced, may cause gigantism, an excessive growth of the body as a whole

to seven feet and taller. Or this pituitary growth hormone may cause acromegaly, an excessive enlargement of the "protruding" parts of the body, like the nose, jaw, lips, hands and feet.

Deficiency of the growth hormone causes, of course, the opposite signs and symptoms, retarded growth resulting in a symmetrical dwarf stature. These proportioned dwarfs are, unlike the thyroid cretins, usually of normal intelligence. Another body form which may result from pituitary deficiency is seen in adolescent boys: Froehlich's syndrome. They show retarded growth, a female type of fat distribution, and have underdeveloped sex organs. When this pituitary underfunction develops later in life there is of course no impairment of growth, but a redevelopment of the testicles occurs, resulting in a body build and a mental attitude which resembles that of eunuchs, or castrated men.

That leads us to those endocrine glands which seem to play the biggest role in our lives as men or women, the gonads. I am not talking about the function of the testicles and ovaries as manufacturers of sperm and ova respectively. These are products delivered through a duct. I am discussing the function of these organs as ductless glands, absolutely separated from their certainly important task of propagating the human race. The cells which produce the male and female hormones are not the same as those which form sperm and egg, and to complicate matters even more, male and female hormone—testosterone and estrogen—are formed in the adrenal glands also. I am not discussing the endocrine secretions of the ovaries either, which govern the physiological processes in the life of every woman from the time of her menarche to her menopause, from menstruation to menstruation and during her pregnancy. I am only concerned with the gonadal secretion as far as it is responsible for body build and character. The interplay of all endocrine glands, their synergistic and antagonistic properties by which they are kept in balance is especially evident here. The gonads seem to be the antagonists of most other endocrine glands, but especially of the pituitary gland. After castration before puberty, men grow abnormally

tall. There is a sect called the scopts in Russia where, for religious reasons, boys are castrated early in life. These boys experience no puberty but grow to be giants, seven to eight feet tall. By contrast, I knew a little sexually premature girl who, nine years old, had all the characteristics of a full-grown, mature woman. She never grew taller than four and a half feet, showing the inhibiting effects of her abundant sex hormone on the pituitary growth hormone.

Normally the change in body build caused by the altered hormonal chemistry in our blood stream takes place at the time of puberty, when the neutral child develops into a male or female adult. A boy's voice becomes deeper and more sonorous; he has to shave in order not to grow an undesired beard; and he develops that typical skeletal and muscular body structure which makes a boy a man. The changes brought on by puberty in a girl are even more striking. Even before the onset of her menstruation the breasts grow to mature female size, her hips enlarge to make room for a pelvis that may be a comfortable cradle for the desired baby; other well-known changes in hair growth and fat distribution take place—a woman is born.

Together with these hormonal-induced body changes in both sexes goes a complete alteration in character which mentally and emotionally distinguishes a man from a woman. Boys and girls are nearly alike during their childhood in their mentality and their emotional motivation. But after puberty there occurs a distinct separation of the sexes into male thinking and female intuition and, to put it in a nutshell, into male active aggression and female passive receptiveness. It is not possible to enumerate the obvious and subtle mental and emotional characteristics which distinguish a man from a woman. A straight-thinking man will never understand the changes in mood, temperament and feelings which, in a cyclic manner, govern a woman's life in accordance with the hormonal alterations which regulate her sex life. These differences in her emotions, in her sociability, in her very outlook on life seem unpredictable to him in their ups and downs and never-ending fluctuations in her personality.

One fact, to state it very precisely right here, obscures the whole issue: there is no such thing as a human animal who is one hundred per cent male or one hundred per cent female. There does not exist a male being all strong bones and muscles, logical, and aggressive like a caveman. Nor does there exist a well-rounded, smoothly curved female, submissive and with periodically changing moods. All of us are a male and female mixture, thank heaven for that. I am, of course, not talking about the negligible number of real and pseudo hermaphrodites among us. I am talking about you and me. In all of us flows a blend not only of pituitary, adrenal and other secretions but of male and female hormones too, to be sure, more testosterone in a man, and more estrogen in a woman. At the extreme ends of both sexes there are men more effeminate than the average woman, and women more virile than the average man.

The hormonal aspect is only one way to arrive at an understanding of our body build and our mental and emotional make-up.

There is another approach, in no way connected with hormone secretion, which brings us to a conclusion as to how body build and character are related. This approach comes from a wholly different field in medicine, namely psychiatry. The pioneer in this field is a German psychiatrist, Ernest Kretschmer. At the time when Steinach aroused my interest in endocrine secretions, Kretschmer published his fundamental book *Körperbau und Charakter* (*Body Build and Character*). Unfortunately the results of his research and his ideas have not found entrance into the thinking of American doctors and psychiatrists even nowadays, thirty years after his book was published. His work is as unknown in this country as if it had never been published. But it is not fiction, it is fact founded on exact measurements and sound statistics and confirmed by thousands of observations which followed.

Kretschmer, of course, was not the first man in human history to see a connection between body build and character. In the same way as certain effects of the endocrine secretions were known many centuries before Claude Bernard, so certain

observations which connect a distinct stature with a distinct character have been popular knowledge long before Kretschmer. The devil is lean, and has a pointed beard on a small chin; the old witch has an avid pointed bird's face. Their counterparts, the holy men and angels, are imaginable only as slender, pale gothic figures with elongated limbs. On the other hand the good-natured shopkeeper's wife, with her natural horse sense, is short and stout and globular in shape. And where there is a cheerful, merry crowd, bursting with hilarious laughter, there you find Falstaff, the fat and plump knight with red hair and a shiny pate. Shakespeare's Caesar said: Let me have men about me who are fat. To say it all in one sentence: Popular belief sees the devil's sin and the angel's virtue lean with pointed noses, whereas good-natured, merry, humorous people are fat and round. Kretschmer did not come to his conclusions by these popular notions but by observations, later confirmed by exact measurements on inmates in a lunatic asylum. He found that the two prominent forms of insanity, namely schizophrenia and manic depressive psychosis, correspond nearly always to a typical body build.

Let us talk about these body builds first. There are not two but three different ones. Number one is the asthenic or leptosome type. The prototype is a person of normal height, looking taller than he is because he is slender and meager. His chest is flat and long, his abdomen thin and fatless, his arms with poorly-developed muscles hang down from narrow shoulders. They are pale and anemic. These men were considered weak and tender as early as in their childhood. They show no tendency to muscle formation or fat development throughout their lives. Frequently they age prematurely.

Their heads are very characteristic. Their skull appears small, their faces are long, small and pale, but sharp edged, and the chin is receding. Usually they have an abundant and dense growth of hair. In profile their faces show a distinct sharp angle, a front view shows the outline of a shortened egg.

Number two is the athletic body type. Strong thick bones form the skeleton. The muscles are strongly developed, the

skin is thick. You get the impression of a medium-sized or tall man with broad shoulders, well-developed chest, straight abdomen. The outline of his strong muscles form the classical body relief of a typical male. His head is carried upright on a free neck; his face appears high, his chin is prominent. The silhouette of his face would be a tall five-cornered shield.

To simplify matters let us put these two above described male statures, the asthenic and the athletic, into one category.

The third body form is called the pycnic, and is in marked and characteristic contrast to the two others. Pycnic means: looking like a ball, round and fat. This body form is at the height of its development and best recognized in middle-aged men. You have a medium-sized male with a compact figure and a soft, round and broad face on a short massive neck. A portly pot belly grows below a spacious chest. His limbs are not very muscular, and usually short. In contrast to the other types his face is not pale but ruddy. His hair in his younger years is usually wavy. In later years his hair is receding at the temples or he develops a pate polished like a billiard ball. Frequently he has a double chin. The sharply outlined faces of the asthenics may be more interesting, but the face of a pycnic is frequently more artistically modelled and may look like an expressive head of distinct character.

Before I go any further, let me stress that these body structures do not exist in pure and unblended form. They are presented as prototypes to give you a mental picture of a distinct personality.

Kretschmer's astonishing findings, in a nutshell, are: most schizophrenics are of asthenic or athletic body structure, most of the manic depressives are pycnics. Let me tell you, to understand the conclusions which follow, in a few illuminating, though not comprehensive words, what schizophrenic means, and what manic depressive means. Schizophrenia, literally translated, is splitting of the mind. The schizophrenic has a split personality; he is the Jekyll-and-Hyde of the folklore. A single example will illustrate better what a schizophrenic is than a detailed description of his personality traits.

Sometimes you read in your newspaper a story which seems unbelievable and enigmatic to you. One of your neighbors, unobtrusive, unobtrusive, and average in every respect, has committed an unmotivated crime, of which nobody thought him capable. It may be kidnapping or even murder. Arrest follows. There was no motive. He ends in an asylum for the insane. You may be sure there is much more to schizophrenia than this example suggests.

The second group of insane people comprises the manic depressive. Their disturbance is more a disorder of their emotions than of their minds. Their insanity runs in two alternating periods, a manic phase of elation and excitement and a depressive phase of sadness and melancholia. These phases may vary in their duration from weeks to months to years, once in a while one of these phases may last a lifetime. This description may give you a general idea even if it only touches on the surface of this mental disorder.

We are not concerned with lunatics, we are discussing normal people, you and me. You will have noticed the above characteristics of schizophrenics and manic depressives in absolutely normal persons, your relatives, your friends, your neighbors. There may be some who seem to have a dual personality, there may be others whose lives run in alternating periods of happiness and sadness. Maybe you, yourself, have a split personality, or you have periodic moods of elation alternating with depressions. You are not insane. You are a normal individual. Insanity and genius are the negative and positive poles of the inconspicuous normal. Most average people belong in one group or the other; either they have the same mental attitude the schizophrenic has, or they are related to the circular manic depressives. The former group of normal people is called schizothyme, the latter cyclothyme. If you have a gift for observation, you will find that your schizothyme acquaintances are of asthenic or athletic body type, whereas your cyclothyme friends are pycnic; round, fat and jolly fellows. There is, of course, one drawback: there are not many unmixed or unblended persons with regard to their body struc-

ture nor their character. Despite this blending you will be able to classify most of the people you deal with, because either their cyclothyme or their schizothyme characteristics preponderate.

Cyclothyme people are of simple, uncomplicated nature. They show their feelings undisguised, and it is not difficult to look through them. Not so the schizothymes. They have a surface and they have a depth. Their surface may be cool and unconcerned, brutal or ironic, withdrawn or dodging. You look at an enigma. You see a problematic personality. This is a façade, this is a mask. But what is behind it? It may be nothing, just a lack of feeling, an absolute emptiness. But it may be the greatness of an idealist, the heart of a poet, the concentration of a scientist. You have been living with these people for years and years, and you do not know them. You do not know what they think, what they feel and what they plan. You learn some day that he embezzled money from the bank, for which he worked for many years, or you see in a book store a volume of sentimental poetry written by him. Schizothymes are unsociable, taciturn, stern, and without humor. They may be shy and timid, sensitive and irritable. They are introverts and nearly always active. They may be idealists, reformers, philosophers, or self-sacrificing heroes. They always keep aristocratic distance from their fellow men. As far as their emotions are concerned, schizothymes are either excitable or they are dull. They are either saints or criminals, nothing in between. They are either enthusiastic or without interest, and either your closest friends or your deadliest enemies. They want the whole world or nothing. The golden middle road is not for the schizothyme.

What does a cyclothyme person look like and how does he differ from the schizothyme? To say it in a few catch words: He is good-natured, well-tempered, good-humored. He is friendly and cheerful, impulsive and full of life. This is the one side of his character, but when his pendulum swings to the other side, he may be quiet, soft, sad, dejected and melancholic. His moods fluctuate from gay and jolly to gloomy

and depressed. In dangerous situations or during risky crises he does not become nervous, angry and irritable, he just becomes sad. He sees a mountain in front of him and no way to get over it, so he resigns himself sadly to his fate. Cyclothymes are passive natures. They like being pushed on their way to success, rather than to push by themselves. They are faithful friends, talkative, and full of humor. They live and they let live. They know how to get along with other people. They like the good things in life, are industrious, and have sound common sense. On the other hand, they have a tendency toward softness and tenderheartedness and are easily touched. As a matter of fact, in the background of their happiness, there is always a touch of sadness, and when they are down in the dumps, their sadness is ameliorated by a bit of humorous thinking about it. Many genial personalities are among the cyclothymes—poets, writers, artists, scientists. As writers and artists they are realistic and humoristic, as scientists they are industrious, systematic workers, who like practical results better than theoretical conceptions.

What I told you about the endocrine glands, their effect on body structure and the relationship between body form and character stands on sound scientific feet. There exists a relationship between endocrine glands and character, which occupied me during my whole life as a scientific doctor from the day I published my first paper about thyroid and pituitary disturbances as a young research doctor to this very day, when I have no longer any opportunity to do any research. What I have to tell you now has no scientific foundation. It is new land in the field of medicine. But some day it may be fertile, scientific soil producing fruit for the benefit of suffering bodies and minds. There exists enough evidence that the endocrine system does not only influence our stature, but that it is also of vital importance to our psyche, our mind, the way we think, and the way we feel. The lack of thyroid secretion does not only produce an ugly dwarf, but makes him a dull moron, too. Hypersecretion of thyroxin causes a high-strung, alert, over-sensitive personality. Pituitary boys who look like little girls

are usually girlish in their behavior too; eunuchs, castrated men, develop a mental and emotional attitude which is quite different from that of a normal man, or for that matter, of a normal woman, also. The mental and emotional changes when puberty sets in are most striking. Powerful male and female hormones create brand new personalities.

When I described the body structure of a typical pycnic man, his comparatively small stature, his soft and rounded body form, his well-modeled face, his wavy hair, did that not remind you of a female body? When I outlined the pycnic's most characteristic mental traits, his emotional instability, his moods running in waves from cheerful to sad, his good nature, his softheartedness, his passive attitude to life, did this not remind you of the nature of a woman? The very fact that he has alternating periodically changing moods, does that not make you think of a woman's menstrual cycle?

Now let us see his counterpart, the asthenic-athletic personality. Do you not think if the asthenic-athletic body structure existed in unadulterated form that would be the ideal body structure of a man? He would have the classical body relief of an Atlas; he would be tall, slender, fatless. His face would have a sharp profile and would have a sharp outline in the form of a shield. He would have strong muscles, broad shoulders and a well-developed chest. Now let us look at his character: he is a person who does not show his emotions. You do not know what is inside his sharply outlined head. He may be a cunning criminal, he may be a scientist with a brain that works like an electric computer. But whatever he is, he is a real man, he is active, he wants things to be done.

If you see it as I do, you must come to the conclusion that our mind, that all our thinking and feeling, are dependent on our hormones and especially on the mixture of male and female hormones that circulate in our bloodstream. Blends of male and female bodies which all of us are, the specific type of our body structure is determined by this hormonal mixture, not male and female hormones only, to be sure. And dependent on the same mixture is the way we think, feel, and act. This, of

course, is a theory, not proven by any research as yet. It is a theory not as important as Einstein's relativity theory, maybe, and not leading to so unexpected and decisive a result as the fission of the atom, but it is a theory which may have far-reaching consequences. It may completely change the future treatment of different forms of psychoses and it may lead to the changing of undesirable character traits or the building up of desirable ones, in normal men and women.

It is an ironical and paradoxical, but certainly significant, fact that certain cortico-adrenal hormones resembling androgens and estrogens in chemical structure often affect our minds in an adverse way. I am referring to cortisone, widely used nowadays in the treatment of arthritis, asthma, eczema, leukemia, and innumerable and varied diseases of every organ in our body; it often affects our minds in an adverse way. It does not cure mental disease; on the contrary, it may cause obvious psychoses, either in the form of excitement and elation or in melancholia and depression, looking very much like manic-depressive psychosis. But it would not be the first time in medical history that a seeming paradox later leads to the real fact, to a scientifically discovered truth.

When the proper hormones will be known and when we know the secrets of their chemical formulae we might be able to make a real man out of an effeminate, indecisive and soft male; or a warm, feeling woman out of a virile, domineering character. The secret will be to mix the proper hormonal blend for this specific patient. Before we can do this somebody, maybe a young doctor, more favored by fate than I was, has to prove that it is not theory but a fact that more of those hormones which make a man are running in the athletic-asthenic bodies and more of the female mixture in the pycnic person. It will require long and painstaking blood and urine examinations, especially on schizophrenics and manic depressives, complicated by the fact that there are only very few classical cases. This doctor will have to test great numbers of mentally sick and healthy persons of different body structure and character. It will take many years to get conclusive

statistics. But I think it is worth the effort, even if it should prove in the end that I was in error. No medical journal would have published my theory on the evidence I presented. So consider this publication as the contribution of a refugee doctor to the future research work in this country.

XII

IN MY LIFE as a German-Jewish physician I have had many distinguished and famous predecessors. The part Jewish doctors in Germany and Austria have played in the scientific development and growth of medicine all over the world has been out of proportion to their actual number in the ranks of medical men. Many eminent Jewish practitioners and scientists have won recognition for their discoveries and achievements by Nobel prize awards. Even to enumerate their names would exceed the limits of this book, though I would like to mention some great names in medicine and its ancillary sciences, such as anatomy, physiology, bacteriology and so on.

One of the founders of scientific anatomy, recognizing the cells as the building stones of our body, was Jacob Henle, who died ten years before I was born. He discovered several of the essential structures of our kidneys, arteries, nerves and hair follicles. His name is immortalized in medicine as every student has to learn what Henle's loops, layers, sheaths, and so on, are. Henle was Robert Koch's teacher. Koch became even more famous than his teacher by his discovery of the tubercle bacillus.

Another famous anatomist was Gustav Born, teaching in Breslau. He is the founder of the physiologic development in anatomy. Karl Weigert pioneered in different methods of staining bacteria and nerve cells, necessary to study them under the microscope.

Among the Jewish physiologists who have brought fame and honor to German science is Leo Loeb, who discovered

development of virginal eggs in nonfertilized shellfish. Moritz Schiff was a pioneer in work on endocrine glands, especially in the role the thyroid gland plays in the human body. Otto Heinrich Warburg received a Nobel prize for discovering the metabolism of malignant tumors, which may eventually lead to the conquest of cancer.

Famous in the field of medical chemistry are Adolf von Bayer, who synthesized indigo, and Heinrich Caro, the discoverer of the majority of our aniline dyes. His namesake, Nicodem Caro, succeeded in fixing nitrogen from the air by alcalosis. Fritz Haber synthesized ammonia from hydrogen and nitrogen and received the Nobel prize for chemistry in 1918. Without his discovery Germany would have run out of munitions long before the war was lost in 1918.

In the field of bacteriology I shall mention only a few names known to every physician in the whole world because these names are attached to the important disease producing germs they have discovered. Albert Fränkel found the pneumococcus as the causative agent of pneumonia, Friedländer the bacillus which bears his name as the cause of another form of pneumonia. Albert Neisser and Anton Weichselbaum are discoverers of the gonococcus and meningococcus, respectively. Neisser also found, simultaneously with Hansen, the bacillus causing leprosy.

In serology and immunology, the star of Paul Ehrlich illuminates the medical sky. He was the first German-Jewish physician to receive a Nobel prize for Medicine, in 1908, even before he had developed his Salvarsan. This was the 606th chemical compound tested by him, that was strong enough to kill the spirochetes of syphilis but not so strong as to kill the patient. It did not cure syphilis with one single shot, "the magic bullet," but it was the first drug to kill germs inside our bloodstream, nearly thirty years before the discovery of the sulfa drugs and the antibiotics. Ehrlich's real greatness lay in the field of immunology. His "side-chain" theory explained how our bodies fight infectious diseases and build up immunity. His theory was the foundation on which August von

Wassermann, another German-Jewish doctor, built his blood test for the detection of syphilis. His assumptions were proven wrong, but his test is reliable just the same, and it is used extensively all over the world up to this day.

Another name in serology, which made medical history, is that of Karl Landsteiner. Without his discovery of the different human blood groups modern medicine and surgery would be unthinkable. A test which is an outstanding contribution to medicine was developed by two German-Jewish doctors: Ascheim and Zondek. This is the well known pregnancy test universally used now in its original or modified form.

The number of famous German doctors of Jewish origin is legion in all fields of medicine: internal medicine, surgery, gynecology, pediatrics or any other branch of the many specialties in medicine. To mention their names, or to list their achievements would be boring. There are nearly three hundred names of outstanding German-Jewish doctors listed in Philo's *Lexicon* and twenty German Jews or men of Jewish origin who won the Nobel prize up to the time when Hitler came to power.

I cannot close this chapter without throwing a glance at one field in medicine not yet mentioned: psychiatry. There is one name which overshadows all the others, even if his bearer never won a Nobel prize: Sigmund Freud. You may accept his conception of psychoanalysis, or you may reject it, but one thing is undeniable: Freud has profoundly influenced our modern way of thinking and the notions of our motivations. Today's arts and sciences, psychology and literature are unthinkable without the changes brought on by his work. Many of the new words he coined with regard to our subconscious mind have become part of our everyday language. When Nazism took over the country, Freud, like many of his colleagues, had to flee. Like so many others he lived and died in exile.

XIII

HOPEFUL SPRINGS COME, joyful summers, melancholic falls, and winters of depression, and then a spring full of hope again —Mother Nature's eternal waves of the manic depressive course of time. I did not consider myself a refugee any more, neither did my patients, foreign born and native alike. My practice was organized and run like one of a native doctor's; I was an active member in good standing of the medical society, belonged to the staff of an accredited hospital, and was listed in the medical directory. Here I have to admit to a shortcoming. I never was on the staff of one of the big and well-known city or university hospitals. It was my own fault, it was one of the many regrettable mistakes in my life which I cannot blame on fate, but only on myself. With regard to my advanced years I did not want to start as a junior assistant any more. If I had to do it over again I certainly would swallow my unjustified pride. Most of my refugee patients were firmly settled like myself. The lawyer-elevator men of the Fourth Reich had become accountants and insurance men, the banker-porters stockbrokers, the peddlers and brush salesmen importers and exporters. Some had established their own smaller or larger business firms and factories. A young Austrian patient had established, with the help of his father, an extensive modern tool factory which gave jobs not only to many of his fellow refugees but to hundreds of native workers as well. He got several citations from the war department for excellent work done in connection with the war effort.

No doctor likes to write long and time-consuming reports or certificates. But that became one of my routine chores. These certificates had to do with the obligation, recognized by the German government, to pay *Wiedergutmachung* (restitution) to the surviving victims of the Nazi persecution. The crimes committed by its disgraceful predecessors. It decreed by

law to refund, at least in part, the "taxes" the Nazi regime had imposed on its "emigrating" citizens, the levies it had collected as punishment for "Jewish crimes," and other "legal" confiscations of cash and property owned by the expelled citizens. The German government felt obligated to compensate its former citizens for the time they had been imprisoned in concentration camps, and the damage to body and mind they may have suffered through maltreatment. It paid them also a small pension if they could not resume their former professions, as for instance, the lawyers, or when they were disabled and could not earn a living. This is where I came in. I had to give long and sometimes tedious written professional opinions about the refugee's health and ability to make a living. I had to certify that he still showed traces of former maltreatments or signs of injuries sustained. I had to prove that his present disability was connected with Nazi persecution. I never charged for these certifications, as time consuming as they may have been. I considered it an obligation to my fellow refugees to be as helpful as I could be. The satisfaction of having given a hand in rectifying an injustice done to them was my remuneration. Of course, there is not enough gold in the world to repay for the murder of millions of innocent people by starvation in concentration camps, by suffocation in gas chambers and by cremation in the hell fire of Auschwitz, Dachau, and Buchenwald. No money can restore the physical health of men and women mutilated by the so-called medical experiments in these camps. No pension can restore to mental health the deranged minds of people who had seen their parents, their mates, and their children tortured to death before their very eyes.

Having stated the foregoing emphatically and in deepest earnestness and sincerest respect for the dead victims of Nazism, sacrificed by the whim and craze of a madman and his followers, I now take off my hat to the present German government headed by men who had been victims of the Nazis themselves because of their firm humanitarian convictions. As far as I know, no German government, or for that matter any other government, had ever considered paying compen-

sation to its citizens who were expelled or had fled their country for political, religious or other reasons. This compensation is a first in the history of man. Even if the remuneration paid by Germany would be nothing more than a visible sign of its assumed responsibility and a token of its good will, it deserves the appreciation of the receivers. I, for one, do not belong to those accusers who claim a joint guilt of the German people for the crimes committed by the Nazis. Too many personal experiences, some of them told later, taught me differently. The benevolent attitude of the German government to its former citizens went down to the lower branches of its administration. Whoever had a chance to visit the German consulate in New York—and thousands of refugees had to go there to file their restitution claims—will verify that their reception was not only correct and polite, but warm and full of understanding. The new Germany tried to show its sympathy and respect for those people who had been treated like the refuse of mankind by their predecessors.

XIV

THERE ARE PROBABLY no worse patients than doctors themselves, and probably no more neglected patients than a doctor's wife and his children. When they do not feel well they do not want to complain to their overworked husband and father, and they do not want to insult him by consulting another physician either. So they wait until the proverbial last minute. Another reason a doctor's family does not want to impose on the time of another doctor is the ethical rule that doctors do not charge each other or their immediate families, a conduct which embarrasses most of the prospective patients in a doctor's family. Whatever the reason, my own wife was the most uncomplaining and enduring patient I ever have had in my long years of practice. When she could no longer conceal her symptoms from me, an operation necessary for a malignancy

came too late. It gave her three more years of useful life. I hope I was a good enough liar to have deceived her about the true nature of her condition despite her advanced medical knowledge. Deep in her subconscious mind was the longing to see once more the home she came from. Having a presentiment, if not knowledge of what must inevitably come in the not too distant future, she wanted to take leave from everything which had been beloved and dear to her heart.

There were wonderful, happy, and cheerful weeks in Europe in store for us, only slightly tinged with apprehension and sentimentality. It had taken the *Pennland* fourteen days to carry us to this country, it took less than fourteen hours to cross the Atlantic with an airliner. How this world has shrunken!

Belgium, our first country of refuge! What a difference it made to visit it as an American with a passport issued by the Department of State instead of roaming its streets as a stateless, homeless refugee with a *feuille de route*. Brussels had a changed face. She was in feverish preparation for the coming World's Fair. The fair buildings were under construction, towered by the gigantic atomium. Many streets and avenues were rebuilt to create new approaches to the fair. We could appreciate only now the architectural beauty of Brussels with her Grand Place framed by her beautiful buildings built during the fifteenth to seventeenth centuries. The perennial flower market on the Grand Place gave the square a picturesque aspect which should have put a brush in every painter's hand. We did what sightseeing there was to be done: St. Gudule, the Royal Palace with its beautiful parks, the Palais de Justice, and not to forget, the little statue of Mannekin Pis, even if urology is not my specialty. Accommodations and food—in agreeable contrast to our former stay—were excellent but expensive, even if you had American dollars. I was reminded of what my father used to say: "Life is beautiful, but expensive, you may have it cheaper, but then it is not so beautiful any more."

Our trip brought us to Holland where we visited a friend

in Amsterdam. We took the customary trip through Amsterdam's famous canals in one of those specially built, glass-topped motor launches and I remembered my boyhood years when I saw the same sights frequently during week-end outings coming by boat from my hometown. We had a glance at the extensive multicolored tulip fields, but no time to revisit the Rijksmuseum with its world famous Rembrandt paintings.

Paris, of course, is a must in every trip to Europe, especially since we could visit a cousin, whose refugee life had not brought her farther than France. We did not see the floor shows in the Lido, Moulin Rouge, or Folies Bergères, and whatever I would tell you about the Champs Elysées, the Arc de Triomphe, Notre Dame, or the Seine and the Eiffel Tower you have seen in so many movies that it would sound commonplace and trite to you. But I would like to mention that we tremendously enjoyed walking in the Gardens of Versailles, and Fontainebleau with the Palace of Louis XIV and Napoleon and Josephine's domicile.

By plane it is only a frog's leap from Paris to Geneva. We spent beautiful relaxing days in the Swiss Alps near Lake Lemman remembering the vacations we used to take there during my practicing years in Germany. My wife, who was an enthusiastic mountain climber in her younger years, had to be content with the view of the mountains and her memories.

Then the flight brought us back to the country which had been our homeland, where we were born, had grown up, had married, and built our house expecting to leave it to our children and grandchildren. Our visit brought us first to Heidelberg where I had been a young and happy student and where I did not do much studying, but where I was free of any worries, certain that a bright and undisturbed future lay ahead of me. Heidelberg, Germany's oldest university, still rested between the green wooded hills, dreaming like the Sleeping Beauty in the fairy tale, undisturbed by the changing times. It was as if two revolutions which had changed the face of the *Kaiserreich*, two wars which shook the world, had never occurred. To me there were the same old houses lining its main

street, the dreamy Neckar with its picturesque bridges, the church spires emerging over her roofs, the ivy-covered castle on top of the hill. This castle was beautiful even in ruins, not caused by two world wars, but by Germany's civil war which lasted for thirty years. It was built over a long period of time and in different styles, Gothic and Renaissance. It was appealing not despite, but because of this architectural mixture.

Here in Heidelberg I had roamed the narrow streets arm in arm with fellow students, from one beer hall to another; here I had met my student sweetheart, forgetting for a while that I had a girl waiting for me in my hometown; here I had studied once in a while in my cheap, small room by the dim light of a kerosene lamp.

I went to the medical buildings of the university. I stood in front of the anatomy building with its inscription over the entrance: *Hic mors gaudet succurrere vitae*. (Here Death enjoys to help the Living.) Exactly on this spot I had decided to study medicine over forty years ago. Thereby hangs a tale.

Originally, I had been a student of Germanistics with the ultimate aim to become a journalist or a writer. During my last few years in high school I had already written articles for our local newspaper (two cents a line). I had published poems, most of them highly patriotic, in a monthly charity magazine for the benefit of the Red Cross. I saw my future in a continuous line coming directly from Schiller, to Heine, to me. I lived in a world of aesthetic ideas and nothing was farther from my mind than sickness and death. One day one of my fellow students from my hometown took me "for the fun of it" to the anatomy building to show me what he was studying there. We entered together and one glance at the long rows of dissected bodies and I stopped in my tracks and fainted on the spot. They had to carry me into the fresh air, and revive me with a great gush of water. The next day I matriculated (registered) for the required courses for the study of medicine. That is the beginning of my medical career. When you ask me what induced me to that momentous decision for my future life, I have to confess that I have no answer. Someday, I shall

see a psychoanalyst who might be able to find out what was in the back of my subconscious mind.

I visited the other buildings of my early Germanistic and medical education and the famous names of my teachers popped into my mind: early Nobel prize winners like Rudolf Eucken and Albert Kossel and my professor in physics, Lenard, a former assistant to Röntgen. He claimed that he, and not Röntgen, was the discoverer of the Röntgen rays, called X-Rays in this country, a discovery without which today's practice of medicine would be unthinkable.

I remembered that I stood in front of this modern institute for physics when loud and excited voices of newspaper boys disturbed the calm of a sunny day in our dreamy university town. Revolver shots had been fired in Sarajevo, shots which were heard around the world, shots which ushered in World War I.

I did not wait to be drafted, I enlisted—as every young student considered it his patriotic duty—in the Kaiser's army. I returned once more to Heidelberg after being wounded in the Battle of Verdun. After recovery from my shrapnel wounds I had gotten a leave of absence to take my physicum examination prematurely. This examination is taken midway during the study of medicine in Germany; it is the parting line between pre-medical and clinical studies. I passed, like all my fellow students in uniform, with the highest marks in all subjects, a reward given to us for our return to the front. Some professors even made a joke of the examination asking funny and absolutely unrelated questions. Blümschle, the zoology professor, asked: "Do all mammals give milk?" Looking into the questioning face of the candidate he gave the answer himself: "No, only the females of the species."

I became a *Feldunterarzt*, an undergraduate physician in the German army. With the shortage of military physicians at the time I had more than a full time job to do behind the lines and in the field hospitals. I dressed not only wounds and assisted with operations, but I was sometimes in charge of large wards with seriously sick soldiers with diseases like

typhoid fever and malaria, infections which I saw only rarely in my later medical life. I started writing a paper for my doctorate, about injuries by poison gas which was used in grenades by both sides toward the end of the war. I never finished this paper. At the end of the summer of 1918, I nearly decided to give up the study of medicine as suddenly as I had begun it. That was at a time when the worst influenza epidemic mankind had ever experienced swept over Europe and the whole world. There were not nearly enough hospital beds to accommodate the deathly sick soldiers with high febrile pneumonia. They lay on stretchers and even on straw on the floors and outside the hospital. They were carried in by the dozen, hour by hour, day and night. The following day more than half of them were dead. There was nothing, literally nothing, we could do to combat this "white pest." Whatever we tried: camphor, caffeine, digitalis, even quinine, was as senseless and useless as treating them with black magic or Christian Science. During those days and sleepless nights of practically twenty-four hours of duty I became so desperate and so disgusted with medicine as something of any value that I made up my mind that, if I ever should survive this epidemic and this war, I would return to Heidelberg to take up my study of Germanistics again.

After the war, I did not return to Heidelberg. The German student, unlike his American confrere, does not start and complete his studies at the same university. It was customary to change after a few semesters and drink the nectar of science from other sources. November, 1918, I returned with a beaten German army riding on horseback for seven long days. No sooner had I crossed the German border than I telegraphed to half-a-dozen universities to find out whether I could still matriculate for the current semester. The only affirmative answer I received was from the University of Giessen.

Giessen was a small but old and renowned university town, which had harbored many famous teachers. As soon as I had taken off my uniform, I sat on the school bench again. Almost no seats were left for new students; the classrooms were over-

crowded, not only with regular students, but with hundreds of returned soldiers taking up their studies again. We sat on stools in the aisles, on the window sills and on the floors. Most of my teachers were outstanding scholars, the most brilliant of all was Professor J., the gynecologist. He was a woman hater and known for his sarcastic wit and indecency. His greatest pleasure was to embarrass a lady student, and he had many opportunities to do it. He would call a female student and ask her questions which made her blush. "Miss Krüger, suppose you are called during the night to the hotel room of honeymooners; the bride has vaginism and the husband a penis captivus, what is the first thing you would do?" "I would put my finger in the anus," she replied. "That is correct, but in whose, hers, his, yours, or mine?"

Giessen was at that time a center of anti-Semitism, which was nearly nonexistent in Heidelberg, southern Germany, and the Rhineland where I had grown up. This anti-Semitism was the main reason that I joined a Jewish fraternity whose purpose was to fight against it. This fraternity was modeled closely after the pattern of the existing *Burschenschaften*. Like these student organizations we proudly wore colored caps and ribbons across our chests, indicating who we werē. We did duel like those students with sabre and sword. During the evenings we not only drank and sang student songs, as the other students' clubs did, but we attended public meetings making speeches to fight against the revived anti-Semitism. We were fighting a losing battle and could not stem the rising flood.

Our next landing was at the airport in Hamburg, the city to which I owed my real medical education, six years of study, research, and hospital work in the old and famous Eppendorfer Hospital and at Barmbeck Hospital, the most modern clinic at that time. I had two nephews living in Hamburg who, as "half-Aryans" did not leave Germany during the time of the Nazi regime, though their Jewish mother was transported to Theresienstadt. Now both were married and blessed with a large offspring. They received us at the airport and showed us the rebuilt city which had been destroyed to a large extent by repeated massive strafings by allied air raids.

I visited the honored places of my infant years in medicine and the venerable figures of my famous teachers descended the stairs of the medical Valhalla. To mention only a few: there was Professor Kümmel, the surgeon who first recognized appendicitis as a disease curable by early operation. Before his time, innumerable patients had died of what doctors diagnosed as perityphlitis. There was Professor Brauer who had introduced the pneumothorax treatment of tuberculosis, and Professor Schottmüller, the discoverer of the streptococcus viridans, as the cause of an originally fatal inflammatory heart disease, endocarditis lenta, which became curable only after the discovery of penicillin. There was Professor Nonne, the famous neurologist who had a spinal test named for him, and Professor Unna, the dermatologist, whom patients came to see from all over the world. The Barmbeck Hospital was built in a pavilion arrangement and occupied an immense area with wide streets and crossroads honeycombing it. A massive wall enclosed the whole complex of buildings with only a few portals leading to the interior resembling the enclosure of a medieval fortified city. I asked for the list of the more than a hundred physicians working there, expecting to find one or another of my former fellow residents as a clinical director or teaching professor. I did not see a single name familiar to me; time, fate, and war had apparently scattered them all over the world. I visited the many pavilions, untouched by the bombings, I had worked in more than thirty years ago. I went to the library where I had spent many, many hours writing my medical papers, usually until late in the night, with one cup of coffee after another. I use the same slogan for this caffeine abuse to this day: After each cup of coffee I feel like another man, and the other man wants a cup of coffee, too. I visited the giant dining hall where I had shared my meals with eighty hungry colleagues and I went over to the two doctor rooms I had occupied for over five years. I met a baby-faced doctor and told him, to his astonishment, that I was his predecessor. I did not mention by how many years.

We flew to our hometown by helicopter, a very delightful experience, seeing the towns with their houses, places and

streets so close from above that you thought you could grasp them with your hands. We had the feeling any minute now that we must collide with a chimney, a church spire, or some other tower. But we landed safely. Our hometown had changed. It still showed the wounds and scars of the many bombings it had undergone. There were wide-open spaces where formerly buildings had stood. Ruins of houses stood, not habitable or only partly occupied. But on the whole the city was beautifully rebuilt with new wide streets where narrow thoroughfares had been. I called these wide avenues "constructed by the courtesy of the allied forces." I went to the house in which I was born, at a time when it was not yet fashionable to be born in a hospital. It stood, undamaged by the war, at the marketplace. But where formerly the statue of Germania had stood, with the names of the fallen soldiers of the Franco-Prussian War in 1870, there was now a giant concrete air raid shelter with heavy cement padding above ground. I visited my father's birthplace in the oldest section of town, a low, narrow, two-story building wedged between two equally small and undersized houses. It was only a few minutes walk to the bank of the Rhine. I sat, as a boy, for many hours on the embankment dreaming and watching the incoming and outgoing boats and barges. I knew them all by their flags as to nationality and ownership, the cargo boats of Thyssen and Stinnes and of all the other coal and steel industrialists. A new bridge had been built over the Rhine to replace the one the Germans had blown up when the American troops approached the Rhine. I remembered as clearly as if it had been yesterday the construction of the first bridge when I was a little boy. I watched the slow progress from day to day over many months and wondered how it might feel to walk over the Rhine instead of crossing it on a ferryboat.

The only person I visited was the little girl next door with whom I had grown up. She was now a gray-haired matron with a sorrow-furrowed face. I knew that I had aged in the same way, but she recognized me immediately on sight. She was now the owner of the small art supply store inherited from

her father and unchanged through the years. She was the last one of her family, her brother and her husband did not come back from the battle for Stalingrad, and she had no children. I bought a picture of the old bridge over the Rhine and a coat of arms of my hometown.

We went to "our" house, built in 1930, then the talk of the town, because it had so many unusual features: latticed windows on the ground floor, and flower boxes outside the windows on the upper stories; the insignia of Aesculapius in bronze on the front door; and circular windows in the center of the front wall; a flat roof with an uncovered open side for sunbathing. We looked at our house nearly in disbelief, that it really stood there, undamaged by the war, unchanged since we left it. All the other buildings near it, and across the street from it, had disappeared. A hospital, scarcely half a block away, was levelled to the ground. Our house stood, conspicuous like a lone tooth in an edentate jaw. It was as if a giant sign had been painted on its roof visible to the allied bombers: No trespassing, property of an American citizen.

I cannot say that pleasant memories, connected with this house, flared up in my mind. But I recalled vividly the years my family and I had lived in it. There were forebodings enough to warn us of the unhappy times in store for us even before the Nazis came to power. The first severe blow fell in April, 1933, when the "party" decreed a boycott of all Jewish enterprises, stores, businesses, and offices. They had placed an SA man at my front door with a sign: Do not patronize the Jew. But that was a party order, and he was a person with his own feelings. Whenever a patient entered he turned his back and went to the corner apparently ashamed of what he had to do. More patients than I had expected came and many of them were no patients at all; they just came in protest against the injustice. Some patients of the so-called weaker sex, to show their real female courage, came with flower bouquets in their hands.

From then on things happened in rapid succession, humiliations and defamations without end. When I went to a

meeting of the medical society I was shown the door. We could not go to theatrical or concert performances, or even to the movies any more, without being told that we were not welcome and "undesirable." Ordered by "law," we had to dismiss our Aryan maids and the nurse. My son had to leave his high school and go by train to attend a Jewish school in another city. On several occasions, the Führer's birthday, the dissolving of the lodges, I was taken in "protective custody" and had to remain in jail for several days. The Gestapo came with a search warrant to look for "subversive" material and to confiscate books written by socialistic or Jewish authors. Again I would like to mention that the attitude of the officials sometimes deviated from the leaders' orders. Two Gestapo men entered, showed their search warrant, opened the door of a bookcase, closed it, and said: "Search ended," and left.

Things went from bad to worse. I lost my license to treat "Aryan" patients; but being the last Jewish doctor in town, I had my hands full to look after the sick non-Aryan population of the city. Many Jews had fled the country already at that time, many had ended as suicides. Some of my former Aryan patients came in the dark of the night for treatment or just to show their friendly feelings. I had a hard time to persuade them to leave and not to come again.

Happenings came to a climax on the infamous night of November 10, 1938, the night which under the name of *Kristallnacht* is recorded in German and Jewish history alike. Its inhuman, bestial horrors for the Jewish population of all Germany has been related so often that I do not want to add another description of this pogrom ordered by the government. It was not an action caused by the anti-Semitism of the German people, it was not even a spontaneous outbreak of the fury of the members of the Nazi Party, it was a well-organized action, planned to the minutest detail by the Nazi government. It was executed with German military precision and German thoroughness by German men for whom the word obedience stood far above any other word in the dictionary, including conscience, justice, and decency. At exactly the same hour, all

Jewish temples and synagogues in Germany were burned down. Fire brigades arrived together with the arsonists to prevent spreading of the flames to adjacent buildings. At exactly the same hour SA and SS men intruded into Jewish homes, beating and even shooting the inhabitants, demolishing the furniture, smashing china and glassware, throwing valuable paintings, rugs, and other movable goods out of the windows. They rounded up the Jewish men, herded them into prisons for later transportation in cattle trains to concentration camps.

But there were exceptions. I do not know whether I should be happy or ashamed to report that my family and I were one of those exceptions. The moment the blazing flames of the burning synagogue near our house were illuminating the dark of the night, a horde of SS men stormed through our front door. I was prepared for their arrival, warned by ominous rumors spread during the preceding day. I wore the medals I had won during the war on my chest, not only the ribbons, but the originals of the Iron Cross, and the German equivalent of the Purple Heart, and other war decorations. I came down the stairs to meet the intruders in the hall. Their leader put the muzzle of his revolver on my chest. But they did not move a step further. There were no insults, no affronts, no name calling. The only sentence spoken was: "You will report to police headquarters within the hour." They left, but not without leaving one SS man at our front door and another at the back entrance in our garden. I went to the police station unaccompanied, meeting there most of the male Jewish population of our town. I had my hands full immediately dressing the injuries and wounds sustained by many of my fellow prisoners when they were arrested. Police not only allowed me to attend to them, but supplied the bandages as well. I even had access to their locked poison cabinet to inject morphine where I thought it necessary.

After my return from Dachau concentration camp, I found the interior of my house intact. My wife told me that the two SS men posted at the entrances had prevented any of the

following hordes from entering the house. A former school chum of my wife's, now a minister's wife, had spent the first night of my absence with her. I cannot tell you, simply because I do not know, what persons or circumstances caused my preferred treatment. I learned that the Nazis themselves had spread the rumor that I had saved the life of one of their storm-troop leaders when he lay mortally wounded by Communist bullets in the street in front of our house. I certainly would have considered it my duty as a physician to help even a deadly enemy. But the story told by the Nazis had no foundation whatsoever.

These were no pleasant memories which entered my mind as I stood in front of my house, which now displayed the shingle of another physician. I had to fight a battle of contradictory feelings: Shall I enter and greet my successor, or shall I not? I could not do it, though a gold reward was literally waiting for me. My wife knew where she had hidden a collection of gold coins under the floor to save them from the grasp of the Nazis. We did not enter. This house, this town, this land was not ours any more. It was a piece of our former life, which had passed away, and which survived in our memories only. Our present life was very different indeed, and we were agreeably reminded of that fact when a cable arrived from America: A grandson had entered this world, to be exact, our new world. I cabled back: "We share your joy, in the first American-born Juelich boy."

XV

THAT WAS OUR PAST. This was our present. When our plane flew us back over the Atlantic my wife, feeling, if not knowing, that it was not *Auf Wiedersehen*, but good-bye forever, inquired about my future: When the time should come that I have to leave you, that you will be alone, will you ever return to your homeland? I had had my answer ready for a long time:

I love Germany as a son loves his mother who has borne him, who has taught him to stand on his feet, and has given him his language to say what he thinks. But I love America as a man loves his wife, whom he has chosen as the companion of his life, who became a part of himself, for better and for worse and not even death shall us part.

Appendix

(As useless as the anatomical one for people who are not bilingual)

THE GERMAN-JEWISH REFUGEES who came to this country over the years developed their own language which they use to speak only among themselves. They spoke it frequently when they came as patients to my office. It is a kind of modern Pennsylvania, or rather New York, Dutch: pure German intermingled with English words and expressions. This mixture frequently created an unintended comical effect. The vernacular is similar to the dialect spoken by the German emigrants who settled in the Middle West, especially Chicago and Milwaukee. A *Landsmann* of theirs has published a book written in this dialect—*Die Allerschönste Lengevitch*.

Here I shall present only the raisins picked out of the fruitcake which was my daily language dish in conversations with my patients. They are not invented but actually spoken and collected by me for many years.

A baby nurse apologized for coming a week late for her check-up: "I expected to be finished with my nursing job a week ago, but on the last day the baby's mother fell sick. *Da bin ich doch auf dem 'case' sitzen geblieben.*" ("I got stuck in the 'cheese'.")

A lady patient: "It is an awful day today. Sometimes it is too warm, then again chilly. I really don't know what to wear, but I take no chances; *Ich fühle mich am wohlsten in meinem 'coat.'*" ("I feel best in my stool.")

Another one: "Prices are going up and up. I hope your fee did not become higher. I just come from the dentist. *Der hat schon seine 'fees' geraised.*" ("He has lifted his feet.")

After examining a patient, I told him that I could not find anything wrong with him. "You are just overworked and need

a vacation. Take it easy for a while." *"Aber ich habe es doch schon die ganze Zeit lang easy getookt,"* he asserted. I corrected his jargon: "You mean: easy getaken."

A grandma reported: *"Gestern wie ich mit meinem grandson ausgegangen bin, da hab' ich mir meinen 'ankle' (Enkel) gesprained."* (Take your choice.)

A young lady whom I had sent to an orthopedist to diagnose the constant pain in her left knee, came back and reported: *"Da ist nichts wrong mit meinem knee; der 'truble' kommt nur von meinem gesunkenen 'arch'."* (The pain comes from my sunken behind.)

This "arch" reminds me of a bashful lady patient, who said: *"Es ist etwas embarrassing zu sagen was ich habe. Ich habe einen terrible itch in front and after"* (anus).

Sometimes the immigrants do not know the exact meaning of the English words they use. A doctor friend who has a telephone service received a call from his patient: "I could not reach you yesterday, Doctor, but your 'call girl' told me you would be back today."

When I was a bedridden hospital patient myself, the German nurse who brought my lunch on a tray asked: *"Soll ich sie hoch 'cranken'?"* ("Shall I offend you?")

I teased her by playing a practical joke on her. Every afternoon she dutifully came to take my temperature. She brought the thermometer, and said each time: "This is a rectal," and left. One day, when I was nearly well again, I sneaked out of my room to the desk nurse and asked for an oral thermometer. That I stuck into my mouth and went back to bed. When the floor nurse entered to look for my temperature, she stopped in her tracks when she saw the "rectal" in my mouth. She found her composure quickly, commenting: "I saw it happen before, but never to a doctor."

I composed a "poem" in English-German jargon during my hospitalization. I mailed it to my wife, who was on vacation at the time. Here it is:

*Martha, Martha, Du entschwandest:
Und während far away Du landest
An Deiner statt mich andere cranken.
(Willst Du das Deutsch or English denken?)*

*Ich war so schön schon auf gewesen,
Nun muss ich meine 'fees' meist raisen.
(Da alle patients mir verneint,
Sind diese 'fees' nur Deutsch gemeint.)*

*Der "Morgen-coat" kommt erst in ein'gen Tagen
(Ob Deutsch or English, das sollst DU mir sagen).*

*Und ob wir's lieben oder ob wir es nicht lieben,
Dr. Fuss ist auf dem "case" sitzen geblieben.
(Der "case" ist diesmal nur English gedacht,
Da ein Fuss auf deutschem "case" einen zu tiefen
Eindruck macht.)*

*Ich selbst hab' vom Bett aus dem Fenster geguckt
Und habe es weiter easy getookt.
And please don't change my Deutsch or English
von wegen
That the correct expression should be easy getaken.*

Subject: Biographical Scetch of my Father

From: "Otto Juelich" <ojuelich@att.net>

Sent: 6/29/2016 8:38:13 AM

To: "thomas.kohls@verizon.net"
 <thomas.kohls@verizon.net>; "bobjuelich@mindspring.com"
 <bobjuelich@mindspring.com>; "mjgordon73@verizon.net"
 <mjgordon73@verizon.net>; "sjkohls@gmail.com"
 <sjkohls@gmail.com>; "mkkohls@gmail.com"
 <mkkohls@gmail.com>; "michaelgordon80s@gmail.com"
 <michaelgordon80s@gmail.com>; "natgordon73@gmail.com"
 <natgordon73@gmail.com>; "otto@acm.org" <otto@acm.org>

Hello All,

Recently I had a request from a Duisburg (my birth city) charity for biographical information on my parents. This info is for use in the dedication next year of memorial pavement markers (stumbling stones) to be placed in front of the place where their house stood. Here is an English translation of the reply I sent:

Dear Mr. Zensen

On my visit to Duisburg in 1990 I received a copy of Duisburger Forschungen Volume 34: Guenther von Roden et al, Geschichte der Duisburger Juden, Walter Braun Verlag, Duisburg, 1986. (Reproduction with source citation permitted) In Part Two on pages 953 and 954 is a short biography of my father, written by Rita Vogedes. I will copy it here with a few small corrections. My mother participated in this career as housewife and as secretary. Their birth and death dates, which I have already given you were: Dr. Walter Juelich: February 13, 1895 – July 8, 1974; Mrs. Martha Juelich nee Loewe: April 12, 1897 – April 9, 1958.

Walter Juelich, son of merchant August Juelich and his wife Sofie nee Benjamin, was born in (Duisburg-)Ruhrort on February 13, 1895. Sofie died in June 1895. Later August married Walter's stepmother, Minna nee Josephs. After completing school in Ruhrort Walter studied medicine at universities in Heidelberg, Giessen, and Hamburg; and worked in Hamburg hospitals before he opened his own practice in Duisburg, on 38 Kuhlenwall. In September 1930 he moved to 6 Koehnenstrasse, into his newly built home, recognized as the most modern building in Duisburg. It was erected on land given him by the parents of his wife, Martha Juelich nee Loewe.

Walter Juelich, who served on the front lines in World War I, was wounded in the battle for Verdun, and received several medals. He served as chairman of the Duisburg chapter of the federation of Jewish front-line soldiers before it was dissolved, and was the last president of the Duisburg-Loge zur Treue. In April 1929 he was honored by being chosen for the newly established Ehrengericht im Itus, of the Jewish gymnastics and sports club.

On November 10, 1938 he, as many other Jews, was arrested and sent to the concentration camp Dachau. Because of his projected emigration he was released December 8, 1938 after his wife succeeded in showing the Duisburg police office that the family had a "number" at the American Consulate in Stuttgart, obtained with assistance of relatives in America. The "number" meant that the family could enter the United States when it was "their turn." After their sons Charles (born 1924) and Otto (born 1927) were put into an orphanage in Belgium in February 1939 through a children's transport organized by the Belgian Red Cross, Walter and Martha Juelich followed them to Belgium on

July 4, 1939, though they still did not have an American visa, out of fear that the approaching war would block their exit.

In Belgium Dr. Juelich served as an unpaid volunteer physician to a committee for Jewish immigrants. Every second week he traveled to the American consulate in Antwerp to inquire about the immigration papers. They were received just barely soon enough on December 9, 1939. The long wait was caused by a confusion of the letters J and T, which "shows" – as Dr. Juelich writes in his memoir – "that human fate can literally hinge on a single letter." The family crossed the ocean on an old Dutch steamboat, the Pennland. In the US Dr. Juelich had to pass a language exam before studying anew to pass a medical exam before being admitted to practice medicine in New York.

In his memoir, "My Human Zoo. The Story of a Refugee Doctor," Dr. Juelich describes cogently and sometimes movingly and amusingly his problems with English, his difficulties and successes in building his practice in New York, the experiences of his long career, and the contacts with people of varied races and mentalities; his human zoo. In his preface he says among other things:

"The idea behind this book is not the thought of hate and revenge, but, on the contrary, the wish for understanding and forgiveness and a genuine hope of reconciliation. It is a book against discrimination and separation and for the unity and brotherhood of man."

He maintained his practice until his death on 8 July 1974.

Love,
Dad (Grandpa)